NOV 23 1927

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

29796

1. PLACE OF DEATH
County Cass
Township ~~Grand River~~
City Harrisonville (No. ..... St. ..... Ward)

Registration District No. 156
Primary Registration District No. 4090

File No. .....
Registered No. 37

2. FULL NAME George W Burr Jr.

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred — yrs. 8 mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 22 - 1924

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
2	9	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER George W. Burr
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Nebraska.
12. MAIDEN NAME OF MOTHER Lena Glasgow
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Kansas

14. INFORMANT George W. Burr.
(Address) Harrisonville Mo.

15. FILED Oct 6th 1927 A. Long
- Dr Long
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/5 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1927, to 10/6 - 1927, that I last saw him alive on 10 - 5 - 1927, and that death occurred, on the date stated above, at 5 A — m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastro-Enteritis
12.0B
114B
(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) David S. Long M. D
10/5, 1927 (Address) Hville. Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oakland
DATE OF BURIAL: 10/6 1927

20. UNDERTAKER: Runnenburger Bros Co
ADDRESS: Harrisonville

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.