WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

30536.

File No. 4043

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 4139 Summit St. 7 Ward)

2. FULL NAME Thomas N. Burgess

(a) Residence. No. 4139 Summit St. 7 Ward. (Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: Wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: May Burgess

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 13-1877

7. AGE: Years 50 | Months 3 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Police Dept.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Richmond Missouri

PARENTS

10. NAME OF FATHER: John C. Burgess

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Fleming Ky.

12. MAIDEN NAME OF MOTHER: Fannie Elliot

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Richmond Missouri

14. INFORMANT (Address): Mrs. Willis R Munger 909 Baltimore Ave

15. FILED 10/26, 1927 M. M. Crowe Asst. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 25 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1927, to Oct 25, 1927, that I last saw him alive on Oct 25, 1927, and that death occurred, on the date stated above, at 7:10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Seen only one day but had been sick for some time.

Pulmonary Tuberculosis

23A

acute Symptoms (duration) yrs. mos. 6 ds.

HEMOTYSIS

CONTRIBUTORY (SECONDARY): Laemophysis & cardiac failure (duration) yrs. mos. 6 ds.

31

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Tests

(Signed) L. L. Malone, M. D

Oct 26, 1927 (Address) 1800 Fed Re Bk Bldg

*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: Forest Hill — DATE OF BURIAL: 10/28 1927

20. UNDERTAKER: J. W. Wagner — ADDRESS: 1409 Grand Ave.

MITHE, LINDSAY S
1866 Fed. R. Bk. [illegible]
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