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.

35031

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 10179

City St Louis (No. 3658 West Pine St. ..... Ward)

**2. FULL NAME** Nora H Burns

(a) Residence. No. ..... St., 19 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Francis T Burns

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 28th 1878

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 49 | 8 | 15 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(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): Ky.

PARENTS

10. NAME OF FATHER: John Heddeman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Mary Sheehan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ireland

14. INFORMANT: Helen Burns
(Address) 3658 West Pine Blvd

15. FILED ..... 19 ..... Max C Starkloff, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-13 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 6th, 1927, to Nov 13, 1927, that I last saw her alive on Nov 13th, 19 7, and that death occurred, on the date stated above, at 5 30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac asthma 95
Chronic 112
130

(duration) — yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Nephritis acute from Chronic Asthma condition non Tubercular (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) John Hogan M.D.
11/14, 1927 (Address) 320 Metropolitan 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: Kansas City Mo
DATE OF BURIAL: 11-15 1927

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Wash St.

Dr Hogan

Met Bedg.

5-11