

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

Do not use this space.

4818

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 405
 Township St. Joseph Primary Registration District No. 1109 Registrar No. 405
 City St. Joseph (No. St. Joseph Hospital) (Ward)

2. FULL NAME

(a) Residence No. 3000 Grand St. 5 Ward. (If nonresident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 July 19th 1884
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 19th 1884
7. AGE YEARS 43 MONTHS 6 DAYS 12 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Clerk
 (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)

Kansas City Mo

10. NAME OF FATHER

James Burns

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

Ireland

12. MAIDEN NAME OF MOTHER

Ellen Whalen

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

Canada

14.

INFORMANT (Address) Thomas Burns
3004 Grand

15.

FILED 7/28/28 M.M. Brown REGISTRAR
dean

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 14th 1928
17. I HEREBY CERTIFY That I attended deceased from Jan 1st 1928 to Jan 14th 1928
 that I last saw h. living alive on Jan 21st 1928, and that death occurred, on the date stated above, at 1145 am

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute myocardial

13. Insufficiency
130
93D (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) acute nephritis
(Exacerbation of a chr. nephritis) (duration) 1 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 (IF NOT AT PLACE OF DEATH)
DID AN OPERATION PRECEDE DEATH? no DATE OF no
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
 (Signed) Joseph Sullivan, M.D.
3-2, 1928 (Address) 1219 Reeds 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 Mt. St. Marys **DATE OF BURIAL** 7/3 1928

20. UNDERTAKER F. O'Donnell Co **ADDRESS** 374 1/2 Main

N. E.—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.

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