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

Do not use this space.

9317

1. PLACE OF DEATH

County Jackson — Registration District No. — File No. 5510

Township Kaw — Primary Registration District No. — Registered No.

City Kansas City (No. St. Luke's Hospital St. Ward)

2. FULL NAME John M. Burr (5515 High Drive,

(a) Residence. No. 5515 High Drive St., Ward. (Mission Hills, Kans.

(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: 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: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 24, 1907

7. AGE: Years 20 — Months 4 — Days 7 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Student at Wentworth

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

(c) Name of employer

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

PARENTS

10. NAME OF FATHER: Henry Burr

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

12. MAIDEN NAME OF MOTHER: Minor

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

14. INFORMANT: Henry Burr

(Address) 5515 High Drive Mission Hills Kansas

15. FILED 4/3, 1928 M. M. Crowe REGISTRAR Assn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 31 1928

17. I HEREBY CERTIFY, That I attended deceased from March 17, 1928, to March 31, 1928 that I last saw him alive on March 31, 1928, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Operation for sarcoma of liver

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Metastases lymph glands & bowels

(duration) yrs. mos. ds.

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?

(Signed) P. T. Bohan, M. D.

4/1, 1928 (Address) Medical Arts 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 Cem — DATE OF BURIAL: 3-3 1928

20. UNDERTAKER: Sline & McClure — ADDRESS: 924 Oak

WHITE PEGINEY, 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.

906 Medical Vis. Bldg.
Bi-7483
11 P. M.