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.

30709

1. PLACE OF DEATH
County Jackson Registration District No. ..... File No. .....
Township Kaw Primary Registration District No. ..... Registered No. 3960
City Kansas City No. 1329 Benton Blvd St. ..... Ward)

2. FULL NAME Mrs. Almira Burns
(a) Residence. No. 1329 Benton St., 12 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Burns
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 22, 1846
7. AGE Years 82 Months 1 Days 6 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(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) Unknown

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. James R. McCoy (Address) 1329 Benton
15. FILED 9/29 1928 M M Crone asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 28 1928
17. I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Sept 28, 1928 that I last saw her alive on Sept 27, 1928 and that death occurred, on the date stated above, at 7:40 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93cc
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) NB
(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? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) C. L. Martin, M. D
9/29, 1928 (Address) 310 Chambers Bld.

*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 Concordia, Kans. DATE OF BURIAL 9-29 1928
20. UNDERTAKER H. W. Newcomer's Sons ADDRESS K.C. Mo

310 Chambers Bldg
Har. 8314
12-12:30, 3-5:30