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.

33696

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.: [illegible]

Township: Kaw — Primary Registration District No.: 1002 — Registered No.:

City: Kansas City (No. Lakeside Hospital St. Ward)

2. FULL NAME Walter M Burns

(a) Residence. No. 4909 Main St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Grace E Burns

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 26, 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	31	--	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Voucher Supt

(b) General nature of industry, business, or establishment in which employed (or employer): K. C. Telephone Co

(c) Name of employer

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

PARENTS

10. NAME OF FATHER: Lee M Burns

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

12. MAIDEN NAME OF MOTHER: Nina Milburn

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

14. INFORMANT: Mrs Grace Burns (Address) 4909 Main St

15. FILED 10/18, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 17, 1928 19

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to Oct 17, 1928 that I last saw him alive on Oct 17, 1928, and that death occurred, on the date stated above, at 4:40 P m.

121 A
82 B

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Thrombus following ruptured appendix (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Post Operative (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?

117 B

(Signed) J. R. Hall, M. D

10/18, 1928 (Address) 626 Lathrop

*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: 10-19 1928

20. UNDERTAKER: Quirk & Tobin Co — ADDRESS: 20 W Linwood