

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.

1703

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1092
 City Kansas City (No. 827 W 39th St. 7 Ward)

2. FULL NAME Patrick Henry Burns
 (a) Residence. No. 827 W 39th St. 7 Ward.
 (Usual place of abode)
 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF
 (OR) WIFE OF

Elizabeth Burns

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 29-1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 11 20 — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Watchman
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Killebegs
 (STATE OR COUNTRY) Ireland

10. NAME OF FATHER John Burns

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

12. MAIDEN NAME OF MOTHER Katherine Callahan

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

14. INFORMANT Mrs. Elizabeth Burns
 (Address) 827 W 39th St. K.C. Mo.

15. FILED 1-21-24 M. M. Crowe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 19-1929

17. I HEREBY CERTIFY, That I attended deceased Jan. 19-1929
1-19-29, 1929, to Jan. 19, 1929
 that I last saw him alive on Jan. 19, 1929, and that death occurred, on the date stated above, at 6:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
97.8
97
102 (duration) yrs. mos. ds.
 CONTRIBUTORY Atherosclerosis - Hypertension
 (SECONDARY)

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? none

(Signed) Eugene O'Farrell, M. D.

1/20, 1929 (Address) 39th & Summit

*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 DATE OF BURIAL

Calvary Cem Jan 23 1929

20. UNDERTAKER ADDRESS

Daniel B. Bio K.C. Kan
644 Kansas

