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.

14656

1. PLACE OF DEATH

County Jackson — Registration District No. — File No. 1698

Township Kaw — Primary Registration District No. — Registered No. 1698

City Kansas City (No. 4013 Belleview St. Ward)

2. FULL NAME Thomas Burke

(a) Residence. No. 4013 Belleview 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	Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 21 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	61	2	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work K. C. Water Dept

(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) Ireland

PARENTS

10. NAME OF FATHER John Burke

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

12. MAIDEN NAME OF MOTHER Ellen Kelly

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

14. INFORMANT Mrs James J Egan
(Address) 4013 Belleview

15. FILED 4/9, 1929 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 9 1929 19

17. I HEREBY CERTIFY, That I attended deceased from 1923, 19, to April 8, 1927 that I last saw him alive on April 8, 1929, and that death occurred, on the date stated above, at 11:55 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute dilatation of heart
12 P
95 P
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic interstitial nephritis
(duration) 6 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? Laboratory examination
(Signed) Maclay Lyon, M. D.
4/9, 1929 (Address) 507 Shukert 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	DATE OF BURIAL
St. Mary's Cemetery	4/11/29 19
20. UNDERTAKER	ADDRESS
Quirk & Tobin Co--20 W Linwood	

263