

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

(No. **1003**)

File No. **23274**

Registered No. **6750**

St. ....

Ward) .....

**2. FULL NAME**

(a) Residence. No. **3532 N. Broadway 26** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **43** 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

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

*Aug 7 - 1883*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

*45 9 30*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

*Laborer*

(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)

*Missouri*

10. NAME OF FATHER

*Tom Burns*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Indiana*

12. MAIDEN NAME OF MOTHER

*Laura Rouse*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Missouri*

14.

INFORMANT.....

(Address)

*3532 N. Broadway*

15.

FILED.....

JUN 25 1924

19.....

*W. Richter*

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR)

*June 6 1924*

17. I HEREBY CERTIFY That I attended deceased from

*March 29 1924 to June 6 1924*

that I last saw him alive on *June 6 1924* and that death occurred, on the date stated above, at *2:30 p.m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Chronic myocarditis  
Chronic nephritis*

CONTRIBUTORY (SECONDARY)

*129*

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? *Microsc. lab.*

(Signed) *Edward Welpring M. D.*

1924 (Address) *City Hospital*

\*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

*Washington U.*

DATE OF BURIAL

*6-11 1924*

20. UNDERTAKER

*Walter Richter*

ADDRESS

*3500 Rutger*

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2.

237  
15  
8

Gums: