

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

Do not use this space.

12767

1. PLACE OF DEATH

County Jackson
Township Shaver
City Kansas City (No. 5001)

Registration District No. 399
Primary Registration District No. 107

File No. 1034
Registered No. 1034
St. _____ Ward _____

2. FULL NAME

Allen Barton Burbey

(a) Residence, No. 3301 Tabach St., 13 Ward.

(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 M 4. COLOR OR RACE Wh 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) Jan 14 1912

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
18 3 9 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Star Carpet 93A
(b) General nature of industry, business, or establishment in which employed (or employer) X Rug Co 70A
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Kansas City, Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Tom Burbey

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

12. MAIDEN NAME OF MOTHER Jessie Richman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kedalia, Mo
(STATE OR COUNTRY)

14. INFORMANT Mrs. Burbey
(Address) 3301 Tabach

15. FILED 4/18 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 18 1930

17. I HEREBY CERTIFY, That I attended deceased from 9:30 PM Apr 17 1930 to 5:30 PM 4-18 1930 that I last saw h. _____ alive on _____, 19____ and that death occurred, on the date stated above, at 5 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Septicemia (Purpura Hemorrhagica)

CONTRIBUTORY (SECONDARY) Acute Myocarditis & Epiphora of Adrenal Gland
(duration) _____ yrs. mos. / ds.

18. WHERE WAS DISEASE CONTRACTED at place of death
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) Frank W. Bennett, M. D.

*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 Forsyth Hill DATE OF BURIAL Apr 30

20. UNDERTAKER Mrs. C. L. Foster ADDRESS R.C. Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

NOTE--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.

7705

Summit
Rubble