

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Hann
City Kansas City (No. 76 General Hosp)

Registration District No. 399
Primary Registration District No. 1002

File No. 29810
Registered No. 3591
St. _____ Ward _____

2. FULL NAME

Harry Burns
(a) Residence No. 3308 Agnes St. 14 Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 18 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 Married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 3 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
47 0 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labourer
(b) General nature of industry, business, or establishment in which employed (or employer) Power & Light
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Rochester
(STATE OR COUNTRY) Pa

10. NAME OF FATHER Amos Burnes

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

12. MAIDEN NAME OF MOTHER Maria Estlin

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

14. INFORMANT Reverend Clerk
(Address) K.C. Genl Hosp.

15. FILED 9/1 1930 M. M. Larowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-1 1930

17. I HEREBY CERTIFY, That I attended deceased from 8-14, 1930 to 9-1, 1930
that I last saw him alive on 9-1, 1930 and that death occurred, on the date stated above, at 3:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Tuberculosis of lungs
23A
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chest & Lab find.

(Signed) P. E. Williams, M. D.

9-1 1930 (Address) Subst 76 C Genl Hosp

*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 Dola, Kan DATE OF BURIAL Sept 2 1930

20. UNDERTAKER Mrs. E. L. Foster ADDRESS R. E. M.

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.

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