

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

Do not use this space

**1. PLACE OF DEATH**

County Jackson  
 Township Kaw  
 City Kansas City

Registration District No. 39  
 Primary Registration District No. 1  
 (No. 30th & Wyandotte)

File No. 33181  
 Registered No. 2411A  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Charles A. Burns

(a) Residence. No. 1102 Benton St. 12 Ward.

(Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 4 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 | 11 | 25 | — | —

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Shipping Clerk  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer J. A. Lee Merc. Co

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) mo

10. NAME OF FATHER No - Record

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No - Record

12. MAIDEN NAME OF MOTHER No - Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No - Record

14. INFORMANT John W. Burns  
 (Address) 1102 Benton Blvd.

15. FILED 10/31/30 M. M. Brewer REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3 16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 31 1930

17. I HEREBY CERTIFY, That I attended deceased from May 16, 1929, to Oct 31, 1930, that I last saw him alive on Oct 31, 1930, and that death occurred, on the date stated above, at 10:00 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Myocarditis  
944 Agence Petros  
920 CI  
 (duration) yrs. mos. da. 1

CONTRIBUTORY Arteriosclerosis  
 (SECONDARY) (duration) yrs. mos. da. 2

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH. no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) J. C. Griffith, M. D.  
10/31, 1930 (Address) 1205 Park St.

\*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 Mt Morals DATE OF BURIAL Nov 3 1930

20. UNDERTAKER Gates Funeral Home ADDRESS 100 Ws

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.

Griffiths

Real (30) Oct 1.