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

Do not use this space.

JAN 19 1931

1. PLACE OF DEATH

County Buchanan. Registration District No. 85 File No. 38659

Township Primary Registration District No. 1001 Registered No. 1399

City St. Joseph (No. 2215 Messanie Street St. Ward)

2. FULL NAME Patrick Michael Burke

(a) Residence. No. 2215 Messanie Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 5, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	74	10	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work RETIRED City Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) Fighting Fires

(c) Name of employer St. Joseph Missouri

9. BIRTHPLACE (CITY OR TOWN) Madison
(STATE OR COUNTRY) Ind.

PARENTS

10. NAME OF FATHER Patrick Burke

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

12. MAIDEN NAME OF MOTHER Bridget McDermott

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

14. INFORMANT Mrs Mary Burke
(Address) 2215 Messanie St.-St. Joseph Mo.

15. FILED 2, 1931 John G. Utz REGISTRAR

JAN

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MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1930, to Dec 31, 1930 that I last saw him alive on Dec 31, 19, and that death occurred, on the date stated above, at 4/10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
-92 A
107 H

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Valvular heart disease

(duration) 8 yrs. 6 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?

(Signed) H. S. Forgrave, M. D.

Jan. 1, 1930 (Address) 520 Francis St St Joseph Mo

*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. Olivet Cemetery

DATE OF BURIAL Jan. 3 1930

20. UNDERTAKER H. C. Sidenfaden

ADDRESS 1802 Union St.

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.