

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

Do not use this space.

39276

PLACE OF DEATH

County Jackson
Township Blue
City Independence

Registration District No. 398
Primary Registration District No. 3019

File No. _____
Registered No. 367
St. _____ Ward)

2. FULL NAME

Joseph Burns
(a) Residence. Independence in Sugar Creek Ward.

(Usual place of abode) (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 25-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 5 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 5 years
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Newark
(STATE OR COUNTRY) Arkansas

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Newark
(STATE OR COUNTRY) Arkansas

14. INFORMANT Mrs. J. H. Bateman
(Address) Sugar Creek MO

15. FILED 12-11-1930 J. H. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-10-1930

17. I HEREBY CERTIFY, That I attended deceased from 10/6, 1930, to 12/10, 1930 that I last saw him alive on 12/9, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paraneuritic Nephritis
Myocarditis 930
Anemia 137A
(duration) 13 yrs 4 mos ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Cluesel + Salomby
(Signed) Shelton, M. D.

12-11-1930 (Address) 10307 Independence KC 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 DATE OF BURIAL

Mound Grove Cem Dec 10 1930

20. UNDERTAKER ADDRESS

Chapman & Sons Independence MO

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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