

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

Do not use this space.

5682

1. PLACE OF DEATH

County Jackson Registration District No. 380 File No. 5682
 Township Wear Primary Registration District No. 380 Registered No. 3775
 City Kansas City (No. Kansas City, Agne West St. 31st Ward)

2. FULL NAME

Charles Burk
 (a) Residence. No. 547 1/2 Main St. 1st 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unk 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
56

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Don't know
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 31

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Record Clerk
 (Address) K.C. Gen'l Hosp.

15. FILED 7/18 31 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-11 1931

17. I HEREBY CERTIFY, That I attended deceased from 2-2 1931, to 2-11 1931 that I last saw him alive on 2-11 1931, and that death occurred, on the date stated above, at 12:15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Status Epilepticus
85
 (duration) yrs. mos. ds.
 CONTRIBUTORY Edema of Brain
 (SECONDARY) (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Plental Autopsy

(Signed) P. O. Willoughby M. D.
2-11, 1931 (Address) Subt KC Gen. 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 Highland Park DATE OF BURIAL Feb 18 1931

20. UNDERTAKER Carroll-Davidson ADDRESS City

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.

