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.

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

Do not use this space.

8717

1. PLACE OF DEATH
County JACKSON Registration District No. 339
Township KAW Primary Registration District No. 1094
City KANSAS CITY (No. 311, WEST - 14TH St. Ward)
File No. Registered No. 1505

2. FULL NAME BURT DAVID JOSEPH
(a) Residence, No. 311 - WEST - 14TH St., 1 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): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ MRS. MAY JOSEPH
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB - 18 - 1864
7. AGE: Years 68 Months 1 Days 11 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SALESMAN 172
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FOWLER PACKING CO
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO 2

FATHER
13. NAME DAVID JOSEPH
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

MOTHER
15. MAIDEN NAME MARIE Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

17. INFORMANT MRS. MAY JOSEPH
(ADDRESS) 311 - WEST - 14TH ST.
18. BURIAL, CREMATION, OR REMOVAL
PLACE ELMWOOD DATE MARCH - 31 1932
19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) 211 EAST 9TH ST.
20. FILED 3/29 1932 M. M. Brown Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH - 29. 1932
22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner, 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11:15 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilation of Heart	
93c	
95B	

Other contributory causes of importance: Chronic myocarditis

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...
(Signed) Stanley M. Hall, M. D.
(Address) Deputy Coroner