

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

Do not use this space.

22794

1. PLACE OF DEATH  
 County Jackson Registration District No. 303 File No. 2702  
 Township Paris Primary Registration District No. 303 Registered No. 2702  
 City Paris No. 2408 Bellefontaine St. 11 Ward 11  
 2. FULL NAME John J. Burns  
 (a) Residence, No. 2408 Bellefontaine Ward 11  
 (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 Odette - 1863  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14 - 1863  
 7. AGE YEARS 68 MONTHS 8 DAYS 27 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain of 1914 C. Fire Dept  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paris  
 10. Date deceased last worked at this occupation (month and year) Paris 11. Total time (years) spent in this occupation.  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Levy 2  
 MOTHER FATHER 13. NAME Edward Burns  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15  
 15. MAIDEN NAME Mary Dorney  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
 17. INFORMANT (ADDRESS) Mrs. J. M. Burns 2408 Bellefontaine  
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's 7/13 DATE 1932  
 19. UNDERTAKER (ADDRESS) F. O'Donnell Co 3256 Broadway  
 20. FILED 11 19 32 M. M. Conrad Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1932  
 22. I HEREBY CERTIFY that I attended deceased from Jan 5 1932 to July 11, 1932  
 I last saw him alive on July 11, 1932 Death is said to have occurred on the date stated above, at 2 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of jag. esophagus Date of onset 1914  
Chronic  
 Other contributory causes of importance: none  
 Name of operation no Date of no  
 What test confirmed diagnosis? autopsy Was there an autopsy? yes  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury no  
 Where did injury occur? no (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury no  
 Nature of injury no  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify W. F. Fish M. D.  
 (Signed) W. F. Fish  
 (Address) 910 Argyle Bldg.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

