

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

Do not use this space.

22841

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Hann Primary Registration District No. 1002
City Kansas City (No. Gen. Hosp. #2)

File No. _____
Registered No. 2101
St. _____ Ward _____

2. FULL NAME

Burke Burnette
(a) Residence, No. 1509 Sarfield St. 2 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 43 yrs. 43 mos. ds. How long in U. S., if of foreign birth? yrs. 53 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 : 52 : 11 : 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. S

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saban 237

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

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

13. NAME Alex Burke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Mattie Austin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Record Clerk, Gen. Hosp. #2 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cem DATE 7-16 1932

19. UNDERTAKER J. B. Moore (ADDRESS) 620 6th St.

20. FILED 7-14 - 1932 M. M. Forrester Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-12 1932

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1932 to 7-12, 1932

I last saw him alive on 7-12, 1932. Death is said to have occurred on the date stated above, at 9:15 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia (Saban)

108 955/08

Date of onset

Other contributory causes of importance:

Hypertension Heart Disease

Name of operation _____ Date of _____
What test confirmed diagnosis? Sab. Clinic Was there an autopsy? No

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) D. M. Miller, M. D.
(Address) Gen. Hosp. #2

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. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

