

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.

NOV 21 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County... Buchanan

Registration District No.

85

Township

Primary Registration District No.

1001

City... St Joseph

(No. Sidewalk-N.E. Corner 10th Powell st. St. Ward)

File No.

31490

Registered No.

491

2. FULL NAME Thomas Burke

(a) Residence, No. 1217 North 11 street St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 15, 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
64	11	25		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Retired Bridge
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	builder. C.G.W.R.R.
	10. Date deceased last worked at this occupation (month and year)	1929

11. Total time (years) spent in this occupation 40 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nodaway County Missouri

13. NAME John Burke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

15. MAIDEN NAME Katherine Lysaght

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

17. INFORMANT Michael Burke (ADDRESS) 1217 No. 11 st St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Conception Mo. DATE Oct 12, 1932

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union St. St Joseph Mo.

20. FILED 10-6032-19 John R. Bender Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 10, 1932

22. I HEREBY CERTIFY, That I viewed remains

I last saw him alive on 10-30-32, 1932. Death is said to have occurred on the date stated above, at 10-30A.

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

Cerebral apoplexy 82A 77 82A 77

Other contributory causes of importance: sclerosis arterio 5

Name of operation History Date of

What test confirmed diagnosis? Was there an autopsy? 70

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? 70

If so, specify

(Signed) G. W. Tackel Corner, M. D.

(Address) 821 Franklin

