

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

Do not use this space.

38595

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St Joseph (No. 2729) Duncan

File No. \_\_\_\_\_  
Registered No. 1318 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Mary Elizabeth Burns

(a) Residence, No. 2729 Duncan St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry L Burns

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27-1865

7. AGE. YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 5 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do  
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) Ohio unknown

13. NAME Wm Quigley

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

15. MAIDEN NAME Muscareon

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

17. INFORMANT K. L. Burns (ADDRESS) 2729 Duncan

18. BURIAL, CREMATION, OR REMOVAL PLACE mt Mora DATE 12/31 1932

19. UNDERTAKER Kinglet & Haines (ADDRESS) 218 8th St

20. FILED Dec 30 1932 John P Bender Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov-26 1932, to Dec 28 1932

I last saw h. e. r. alive on Dec 28 1932. Death is said to have occurred on the date stated above, at 3 m.

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

Myocardial Degeneration -  
Rheumatic condition  
93E  
107A 93C (1)  
Other contributory causes of importance:  
Pneumonia Bronchial 1932

Date of onset  
1931

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Chival Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury \_\_\_\_\_, 1932

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? No  
If so, specify \_\_\_\_\_

(Signed) Wm W Gray, M. D.  
(Address) 204 Phys Bldg

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. JAN 21 1933

Craig