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.

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

Do not use this space.

39577

File No. 4579

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kaw — Primary Registration District No.

City Kansas City (No. 2613 Amie Court St. Ward)

2. FULL NAME Burt E. Burnham (Burnham)

(a) Residence. No. 2613 Amie Court St., 9 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 19 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~~ Harriett Belle Burnham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 1, 1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
58	10	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Linotype Operator

(b) General nature of industry, business, or establishment in which employed (or employer): 30

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Aspen 2
(STATE OR COUNTRY) Col.

PARENTS

10. NAME OF FATHER D. D. Burnham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 31
(STATE OR COUNTRY) UNKNOWN

12. MAIDEN NAME OF MOTHER UNKNOWN

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) UNKNOWN

14. INFORMANT MRS. HARRIETT BELLE BURNHAM
(Address) 2613 AMIE COURT

15. FILED 12/5, 1932 M. M. Crave
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 3, 1932

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19 to , 19 that I last saw h alive on , 19 , and that death occurred, on the date stated above, at 10:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Occlusion with myocardial infarction

94B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 94B

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

9 DID AN OPERATION PRECEDE DEATH? — DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) [signature] Deputy Coroner M. D.

, 19 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: ST. JOSEPH, MO.

DATE OF BURIAL: DEC-6 1932

20. UNDERTAKER: D. W. Newcomer's Son's

ADDRESS: K.C. Mo.