

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.

13277

1. PLACE OF DEATH

County Jackson Registration District No. 309
Township Kan. Primary Registration District No. 1002
City Kansas City (No. 4023 Harrison) St. _____ Ward _____
Registered No. 1608

2. FULL NAME John Leonard Burns

(a) Residence, No. 4023 Harrison St. _____ Ward _____
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Anna L Burns</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 12 1858</u>				
7. AGE YEARS <u>75</u>	MONTHS	DAYS <u>26</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Government Employee</u>			
	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) WISCONSIN

FATHER 13. NAME Peter Burns

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER 15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Leonard M Burns
(ADDRESS) 433 Chest 35th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Heavenward Home DATE Apr 10 1933

19. UNDERTAKER Quirk & Co
(ADDRESS) 20 West Kensington

20. FILED Apr 9 1933 M. M. Cronce
asst. Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 1932 to April 6 1933

I last saw him alive on April 6 1933 Death is said to have occurred on the date stated above, at Rever

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

930
Cerebral Embolus Date of onset 4/7/33
Chronic Myocarditis 11/9/33
Other contributory causes of importance:
Myocardial Inefficiency

Name of operation 930 Date of _____

What test confirms diagnosis? _____ 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? no

If so, specify _____ (Signed) Edw. H. Huchings M. D.

(Address) 1500 Professional Bldg

⊗ Found dead in bed morning
of April 7th -

2.