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. 36487

1934

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No. 4403
Township KAW — Primary Registration District No. 1002 — Registered No.
City KANSAS CITY (No. 2400 - EAST - 9TH St. Ward)

2. FULL NAME MRS. MARY T BURKE
(a) Residence, No. 2400 - EAST - 9TH St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF JOHN BURKE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST-22-1863

7. AGE — YEARS 70 — MONTHS 2 — DAYS 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.
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 WILLIAM COLBERT
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MRS. JOE HORNICK (ADDRESS) 2400 - EAST - 9TH ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. ST. MARYS DATE NOVEMBER-11, 1933

19. UNDERTAKER D. W. NEWCOMERS SONS (ADDRESS) 2111 - EAST - 9TH ST.

20. FILED 11-10, 1933 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER-9 1933

22. I HEREBY CERTIFY, That I attended deceased from NOV. 5, 1933, to NOV 8, 1933
I last saw her alive on NOV. 8, 1933. Death is said to have occurred on the date stated above, at 4:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	NOV 5-33
59	

59

Other contributory causes of importance: Diabetes Mellitus

Name of operation none Date of
What test confirmed diagnosis? Urinalysis 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) Harry H. Dugan, M. D.
(Address) 1401 Prospect

Dr. Harry William Hugay
1401 - Prospect Ave.
12:30