JAN 26 1934

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.

40281

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Raw — Primary Registration District No. 1 3 8 — Registered No. 5090
City Kansas City (No. General Hospital St. Ward)

2. FULL NAME Clyde Burchett
(a) Residence, No. 700 So Valley St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 28 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): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Delia
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 28 - 1890
7. AGE: Years 43 — Months 4 — Days 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Paint Contractor
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): July 1932
11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

FATHER
13. NAME: Jerry Burchett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Sarah Canterbury
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Mrs. Fred Dazé 700 So Valley
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Mt Royal — DATE: 12-28, 1933
19. UNDERTAKER (ADDRESS): Eades Bros. 1416 Main ave
20. FILED: 12/28, 1933 M. M. Groves Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 26, 1933
22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1933, to Dec 26, 19..
I last saw him alive on Dec 26, 1933. Death is said to have occurred on the date stated above, at 12 30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis Liver	
Type B	
1917	

Other contributory causes of importance:
Bronchial Pneumonia
ascites

Name of operation: none — Date of
What test confirmed diagnosis? — Was there an autopsy? yes

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?
If so, specify.
(Signed) J. H. Jennett, M. D.
(Address) Path. Dr. S. S. Johnson
Pathologist
K.C. General Hosp. K.C. Mo