MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No. 13066
Township KAW — Primary Registration District No. — Registered No. 1817
City KANSAS CITY (No. 432 S QUINCEY St. Ward)

2. FULL NAME MR. JOHN BURKE
(a) Residence, No. 432 S. QUINCEY St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: WH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MRS. ELLEN BURKE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 27, 1855

7. AGE: YEARS 78 — MONTHS 7 — DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CARRACTOR
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. RAILROAD
10. Date deceased last worked at this occupation (month and year) 1913
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ELLICOTT CITY MARYLAND

FATHER
13. NAME THOMAS BURKE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

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

17. INFORMANT (ADDRESS) MRS ELLEN BURKE 432 S. QUINCEY

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. St. MARYS DATE APRIL 24 1934

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS K. C. MO.

20. FILED Apr. 24 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1 1934, to April 22, 1934
I last saw him alive on April 18, 1934. Death is said to have occurred on the date stated above, at 8:45 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	
107A	
160	

Other contributory causes of importance:

Senility

Name of operation none Date of
What test confirmed diagnosis? Usual 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) Franklin H. Wakefield M. D.
(Address) 1005 Grand K. C. Mo.

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.

Dr. Franklin H. Makefield
3227 Park - 11:15 - 1:30