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

Do not use this space.

APR 16 1935

8526

1. PLACE OF DEATH

County Cole — Registration District No. 213 — File No.

Township Jefferson — Primary Registration District No. 5293 — Registered No. 95

City ~~Jefferson City, Mo.~~ (No. ..... St. ..... Ward)

2. FULL NAME Thomas Burke

(a) Residence. No. ..... St., ... Ward. Denver, Colorado
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 20 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 8, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
66	66	8	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Tie Worker

(b) General nature of industry, business, or establishment in which employed (or employer) Rio Grande Railroad

(c) Name of employer Denver, Colorado

9. BIRTHPLACE (CITY OR TOWN) Denver
(STATE OR COUNTRY) Colorado

PARENTS

10. NAME OF FATHER Thomas Burke, Senior

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) Not known

14. INFORMANT Thomas Stapleton, Case Worker,
(Address) Federal Transient Bureau
101 Monroe St., Jefferson City, Mo

15. FILED 3/16/1935 Dr Bedford MD
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 13 1935

17. I HEREBY CERTIFY, That I attended deceased from February 5th, 1935, to ....., 19.....
that I last saw him alive on March 13th, 1935, and that death occurred, on the date stated above, at 12 05 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia

93 d 1

(duration) ..... yrs. ..... mos. 33 ds.

CONTRIBUTORY (SECONDARY) Myocarditis - Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) John W. McHaney, M.D

, 19 (Address) Jefferson City, Mo

*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 Kirksville Mo — DATE OF BURIAL 3/16/35

20. UNDERTAKER Heinrichs Funeral Home — ADDRESS Jefferson City Mo

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.