WRITE PLAINLY, WITH INDELIBLE 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.

JUN 24 1935

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

Do not use this space.

16904

1. PLACE OF DEATH
County: Johnson
Township: Washington
City: ~~Knob Noster~~ (No. ..., ... St. ..... Ward)

Registration District No. 429
Primary Registration District No. 5-5-824

File No.
Registered No.

2. FULL NAME: John Burns

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

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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan-10-1863

7. AGE: Years 72 | Months 4 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired miner
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): 5 yrs
11. Total time (years) spent in this occupation: 40 yrs

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

FATHER
13. NAME: John Burns
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Mary McGraw
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mrs Anna Burns Knob Noster Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Catholic Cem. K.N. Mo DATE: May 22, 1935

19. UNDERTAKER (ADDRESS): C. L. Sault Knob Noster, Mo

20. FILED: May 21, 1935 J. A. Koch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1935, to Feb 20, 1935

I last saw him alive on Feb. 2, 1935. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

	Date of onset
Apoplexy	1924

Other contributory causes of importance:

Name of operation: none Date of —

What test confirmed diagnosis? Clinical 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) J. E. Porter, M. D.
(Address) Knob Noster Mo