MAR 18 1936

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

Do not use this space.

5528

1. PLACE OF DEATH
County Greene
Township Campbell
City Springfield (No. Federal Hospital St. Ward)
Registration District No. 318
Primary Registration District No. 5440
File No.
Registered No. 150

2. FULL NAME Howard Burns
(a) Residence, No. St., Ward. White Sulphur, W. Va.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 0 mos. 21 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. 28, 1906
7. AGE: YEARS 30 MONTHS 0 DAYS 24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alderson, W. Va.

FATHER
13. NAME Patrick Burns
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S.

MOTHER
15. MAIDEN NAME Wildia Atkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S.

17. INFORMANT (ADDRESS) Deceased. R. W. Va.
18. BURIAL, CREMATION, OR REMOVAL White Sulphur Springfield, Mo. DATE Feb. 24 36
19. UNDERTAKER (ADDRESS) Alma Lohmeyer Funeral Home Springfield, Missouri
20. FILED 2-23 1936 Ralph W Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1935, to February 22, 1936, 19
I last saw him alive on Feb. 22, 1936, 19 Death is said to have occurred on the date stated above, at 11:30A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of the Respiratory System	1922

Other contributory causes of importance:
Amyloid Degeneration
Cardiac Thrombosis

Name of operation Date of
What test confirmed diagnosis? Autopsy 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 No
If so, specify
(Signed) M. R. King, Surgeon, Supt. M. D.
(Address) U. S. Hospital for Def. Del. Springfield, Missouri

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.

WHITE VERNEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD