

Do not use this space.

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

JUN 17 1936

18527

1. PLACE OF DEATH

County Buchanan Registration District No. 35
Township Washington Primary Registration District No. 1001
City St. Joseph (No. State Hospital No. 2) St. Ward

File No. 18527
Registered No. 714

2. FULL NAME Grace Burns

(a) Residence, No. St. Ward. Kansas City, Mo.

(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. 4 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	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) July 19, 1891		
7. AGE	YEARS 44	MONTHS 9
	DAYS 29	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk-University Registrar	
	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)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) Chicago, Illinois (STATE OR COUNTRY)		
FATHER	13. NAME Timothy J. Burns	
	14. BIRTHPLACE (CITY OR TOWN) Deina, New York (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME Ellen Dwyer	
	16. BIRTHPLACE (CITY OR TOWN) Albany, New York (STATE OR COUNTRY)	
17. INFORMANT State Hospital Records (ADDRESS) St. Joseph, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Sioux City, Iowa DATE May 20th 1936		
19. UNDERTAKER H. O. Sidenfaden (ADDRESS) 1802 Union Str St. Joseph, Mo.		
20. FILED May 18, 1936 J. G. Neelshuber Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1936

22. I HEREBY CERTIFY, That I attended deceased from January 10 1931, to May 18 1936

I last saw her alive on May 17 1936. Death is said to have occurred on the date stated above, at 8:16 A.M.

The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis about Date of onset 2-29-36

Other contributory causes of importance:
Dementia Praecox, Paranoid Type prior to 1-10-31

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Dr. Gleason Smith, M. D.
(Address) State Hospital #2 St. Joseph, 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.

