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.

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

SEP 23 1936

Do not use this space.

30780

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 3014 — Registered No. 293
City Inde (No. , St. Ward)

2. FULL NAME Milton L Burns
(a) Residence, No. 718 N Main St St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
79	1	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Townley Metal & Hardware Co
10. Date deceased last worked at this occupation (month and year) Feb 1935
11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miama Saline Co. Mo.

FATHER
13. NAME Jacob Burns
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bern Switzerland

MOTHER
15. MAIDEN NAME Ruth Clements
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miama Saline County Mo.

17. INFORMANT (ADDRESS) Maude L. Burns 718 No. Main, Independence Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Woodlawn Independence Mo. DATE Aug 25 1936

19. UNDERTAKER (ADDRESS) R.B. Mitchell Independence Mo.

20. FILED Aug 25 1936 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1936, to Aug 23, 1936
I last saw him alive on Aug 22, 1936. Death is said to have occurred on the date stated above, at 6:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	Unknown
Heat exhaustion	Aug 10, 1936

131

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Blood, NPN + Creatinine 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) Russell Gutenson, M. D.
(Address) Independence Mo.

MAY 1 9 1948