

DEC 20 1936

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

Do not use this space.

37957

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kennett Primary Registration District No. 1002
City Kansas City (No. 1613) Truist St. _____ Ward) _____

2. FULL NAME Maggie Lee Burden
(a) Residence, No. 1613 Truist St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1899
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
37 2 14
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La.
13. NAME Hendrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT Maggie Burden
(ADDRESS) 1613 Truist
18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 11-12, 1936
19. UNDERTAKER Adkins Bros.
(ADDRESS) 2000 E. 12th
20. FILED Nov 11, 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30, 1936
22. I HEREBY CERTIFY, That I attended deceased from 10/31, 1936, to 11/1, 1936.
I last saw her alive on 10/31, 1936. Death is said to have occurred on the date stated above, at 11:30 P. M.
The principal cause of death and related causes of importance were as follows:
Date of onset _____
1) Hypertensive Heart Disease
2) Hypertension essential.
Other contributory causes of importance:
Cerebral Hemorrhage.
Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no
23. If death was due to external cause (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? _____
If so, specify _____
(Signed) Dr. F. J. Stithman M. D.
(Address) 1618 S. Lydia

WRITE PLAINLY, WITH UNFADING 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.

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