MAR 13 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 6342

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. Trinty Lutheran Hosp. St. Ward)

2. FULL NAME Leo L. Burns

(a) Residence, No. 711 W. 18th 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22, 1909

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	27	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A.&P. Co.

10. Date deceased last worked at this occupation (month and year) Feb. 1937

11. Total time (years) spent in this occupation 1 year

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manmouth Springs Ark.

FATHER

13. NAME Alvin Burns

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manmouth Springs Ark.

MOTHER

15. MAIDEN NAME Emily Hurst

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manmouth Springs Ark.

17. INFORMANT (ADDRESS) Lela Burns 711 W. 18th

18. BURIAL, CREMATION, OR REMOVAL PLACE Many Islands, Ark. Feb. 9 1937

19. UNDERTAKER (ADDRESS) D. W. Newcomer's Sons

20. FILED 2-9 1937 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.. to ..., 19..

I last saw h... alive on ..., 19.. Death is said to have occurred on the date stated above, at 6:20 P.M.

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

Lobar pneumonia

Acute pericarditis

Date of onset

Other contributory causes of importance:

108 W

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?

If so, specify

(Signed) [signature], M. D.

(Address) [signature]

N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PARTICULARS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.