APR 8 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. 9399
Township Kan — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City (No. KC Gen Hosp St. Ward)

2. FULL NAME Burgess Infant
(a) Residence, No. 2114 Troost St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 M.
4. COLOR OR RACE W.
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) 3-3-37
7. AGE YEARS MONTHS DAYS — If LESS than 1 day, ...hrs. or ....min.
Heart beat 10 minutes did not breathe

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) KC (STATE OR COUNTRY) Mo

FATHER
13. NAME Uville Burgess
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Emma Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ia

17. INFORMANT Record Clerk (ADDRESS) KC Gen Hosp KC Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE 3-5 1937
19. UNDERTAKER Quick & Tobin (ADDRESS) 20 W Linwood
20. FILED Mch 4, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-3, 1937
22. I HEREBY CERTIFY, That I attended deceased from 3-3, 1937 to 3-3, 1937
I last saw him alive on 3-3, 1937 Death is said to have occurred on the date stated above, at 9:05 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Defect	
15 [illegible]	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) ....., M. D.
(Address) Sept KC Gen Hosp KC 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.