APR 8 1937

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

Do not use this space.

File No. 9710

Registered No. [illegible]

**1. PLACE OF DEATH**

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1002

City: Kansas City (No. 1214 Agnes St. Ward)

**2. FULL NAME:** Mrs. Julia A. Burke

(a) Residence, No. 1214 Agnes St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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) |
|---|---|---|
| Female | White | Widowed |

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: John H. Burke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 10, 1835

| 7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 102 | 2 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

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) (STATE OR COUNTRY): Newborg New York

FATHER

13. NAME: Unk Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Newborg New York

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. A. M. Ritter 1412 Agnes

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Elmwood DATE: March 24, 1937

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

20. FILED: Mar 26 1937 M. M. Brown Asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1912 to Mch 23, 1937

I last saw her alive on Mch 23, 1937. Death is said to have occurred on the date stated above, at 5:00 A.M.

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

| | Date of onset |
|---|---|
| Chronic Glomerulo Nephritis | 1930 |
| 131 | |
| Other contributory causes of importance: | |
| Arteriosclerosis | 1925 |

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) Allen L. Hearst, M. D.

(Address) 1100 Ford Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is vital. Important!

~~Hess~~ Prof. Bldg.
Hn 8746