

MAY 15 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. 15180  
Township Kaw Primary Registration District No. 1002 Registered No. 1775  
City Kansas City Mo. (No. 1019 Prospect Ave.) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME MISS KATE BURKE.

(a) Residence, No. 1019 Prospect Ave. 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

## MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9-37

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

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1937, to April 9, 1937

I last saw her alive on April 8, 1937. Death is said to have occurred on the date stated above, at 10:00 a.m.

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

Cerebral Hemorrhage Date of onset March 30

Other contributory causes of importance:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min. 24 70

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper  
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) Ireland

FATHER 13. NAME James Burke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) County Currey Ireland

MOTHER 15. MAIDEN NAME Katherine Fitzgerald

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) County Currey Ireland

17. INFORMANT Miss Nellie Burke  
(ADDRESS) 1019 Prospect Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE April 12, 1937

19. UNDERTAKER Melody-McGilley  
(ADDRESS) K. C. Mo.

20. FILED Apr 16 1937 m m Brown  
Registrar.

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? Yes  
If so, specify \_\_\_\_\_  
(Signed) C. J. Cornish, M. D.  
(Address) 2602 East 15th, Kansas City

Every item of information should be carefully checked. ROE 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.

3409 Gillman Rd.