

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

Do not use this space.

**MAY 15 1937**

**15303**

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City,

(No. St. Mary's Hosp)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Edward Michael Burns.**

(a) Residence, No. Paola, Kansas, St. \_\_\_\_\_ Ward. 9 weeks  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
about 55 yrs ✓ ✓

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer M. O. P. Ry.

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) Minnesota.

13. NAME Ed. Burns.

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

15. MAIDEN NAME Mrs. Mary Murphy.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.

17. INFORMANT Mrs Bell Burns.  
(ADDRESS) Paola, Kansas.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Paola Kas DATE \_\_\_\_\_ 19 \_\_\_\_\_

19. UNDERTAKER H. F. Mackery.  
(ADDRESS) 2315 Lindwood Blvd

20. FILED Apr 19 1937 M. M. Brown  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/19/37 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1937, to April 19, 1937

I last saw him alive on Apr 18, 1937. Death is said to have occurred on the date stated above, at 1:20 a.m.

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

Myocardial Degeneration Apr 5-37  
Branchio. Pulmonaria Apr 12-37  
Arterial Sclerosis  
Arterial Spasm

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? autopsy 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) J. O. Leath, M. D.  
(Address) 11002 Argyle Bldg  
Kansas City, 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.

See affidavit in misc file # D-15