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

Do not use this space.

8848

File No. 1009

Registered No.

1. PLACE OF DEATH

County: Jackson Registration District No.:

Township: Kaw Primary Registration District No.:

(City) Kansas City (No.) 1207 E. 22nd St. (St.) (Ward)

2. FULL NAME: Gracie Burley

(a) Residence. No. 1207 E. 22nd 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)
Female	Col.	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: none

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 8, 1927

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	1	0	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): at home
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Kansas City
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Charles Burley
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Okla.
12. MAIDEN NAME OF MOTHER: Dora Lee Clark
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Gonzales
(STATE OR COUNTRY): Texas

14. INFORMANT: Dora Lee Burley
(Address): 1207 E. 22nd St.

15. FILED 3-6-, 1928 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-5-, 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at ....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dilatation of the Heart (duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY): Acute Indigestion (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? N.P.C.
IF NOT AT PLACE OF DEATH?

Did an operation precede death? Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Geo. Lukings, M.D.
3/5, 1928 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Highland — DATE OF BURIAL: Mar. 8, 1928

20. UNDERTAKER: Adkins Bros — ADDRESS: 2122 Vine

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.