

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

Do not use this space.

1738

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Wal Primary Registration District No. 4002
 City Kansas City (No. Research Hospital) St. 3rd (Ward)

2. FULL NAME Thomas Edward Burke
 (a) Residence, No. 1109 E. 36 St., 13th Ward.
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. 330
 Registered No. 330
 St. 3rd (Ward)

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 Hattie B. Burke

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 13 1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
38 2 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Express Messenger
 (b) General nature of industry, business, or establishment in which employed (or employer) Am. Ry. Exp. Co.
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Reading
 (STATE OR COUNTRY) Kansas

10. NAME OF FATHER Daniel Burke

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ottawa
 (STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Ellen Morrison

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Peppin
 (STATE OR COUNTRY)

14. INFORMANT Mrs Hattie B. Burke
 (Address) 1109 E. 36 St.

15. FILED 1-23-29 M. M. Croves
 REGISTRAR

20 **MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 20 to Jan 22, 1929 that I last saw him alive on Jan 21, 1929, and that death occurred, on the date stated above, at 7:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-pneumonia
92A (duration) yrs. mos. 2 ds.
107B

CONTRIBUTORY Myocardial Infarction
 (SECONDARY) (duration) 2 yrs. 7 mos. 11 ds.

18. WHERE WAS DISEASE CONTRACTED 90W
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? House Finding
 (Signed) B. J. Suber, M. D.
1109 E. 36 St. Overland Park, 19 (Address)

*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 Emporia Kansas DATE OF BURIAL Jan 24 1929

20. UNDERTAKER Julian K. Davidson ADDRESS City

K. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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2
2
2

APR 9 1945