MAR 25 1930

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

Do not use this space.

85

4130

File No. 195

Registered No.

1. PLACE OF DEATH

County: Buchanan

Registration District No.

Township:

Primary Registration District No. 1001

City: St. Joseph, (No. State Hospital #2. St. Ward)

2. FULL NAME: Michael Burke — Michael Burke

(a) Residence. No. State Hospital No 2 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed ~~Married~~

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lizzie Burke ~~Mahon Burke~~

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown about 1861

7. AGE: Years 69 | Months | Days Unknown | If less than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Ireland

PARENTS

10. NAME OF FATHER: Michael Burke

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Ireland

12. MAIDEN NAME OF MOTHER: Mahon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Ireland

14. INFORMANT: State Hosp records
(Address): St. Joseph - Mo.

15. FILED 9/13, 1930 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1930, to Feb 10, 1930, that I last saw him alive on Feb 10, 1930, and that death occurred, on the date stated above, at 7 45 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Brights Disease
131
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 129a
(duration) yrs. mos. ds.

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

O DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) H. G. Meeks, M. D.

Feb 10, 1930 (Address) State Hospital No 2

*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: Mt. Olivet Cemetery

DATE OF BURIAL: Feb. 14, 1930

20. UNDERTAKER: Walter Meinkoffer

ADDRESS: 1302 Faraon St.

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.