

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

Do not use this space.

**1. PLACE OF DEATH**

85

13252

County Buchanan  
Township  
City St. Joseph (No. St. Joseph Hospital)

Registration District No.  
Primary Registration District No. 1001

File No.  
Registered No. 418  
Ward

**2. FULL NAME** Cecelia E Burke

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Omaha Nebraska  
(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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Divorced</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Michael Burke</u> <sup>1861</sup> <del>1844</del>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>September 16, 1868</u>		
7. AGE <u>69</u> YEARS	MONTHS <u>72</u>	MONTHS <u>6</u>
DAYS <u>29</u>		If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer <u>own home</u>		

9. BIRTHPLACE (CITY OR TOWN) Hamilton Co.  
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER James Gallagher

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dunegal Co.  
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Cecelia Gallagher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dunegal Co.  
(STATE OR COUNTRY) Ireland

14. INFORMANT Susan A Severin  
(Address) Omaha Nebr.

15. FILED APR 15 1931 John R Bender  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 15 19 31

17. I HEREBY CERTIFY, That I attended deceased from 4-7-1931 to 4-15-1931 that I last saw h. or alive on 4-14-1931, and that death occurred, on the date stated above, at 1/25 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Broncho Pneumonia

CONTRIBUTORY (SECONDARY) Influenza  
(duration) yrs. mos. 5 ds.

(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED  
At home  
IF NOT AT PLACE OF DEATH.  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) John R Bender M. D.  
Apr. 15 19 31 (Address) St Joseph Mo.

\*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 Bendana Kansas  
DATE OF BURIAL Apr. 16 19 31

20. UNDERTAKER H. C. Sidenfader  
ADDRESS 1802 Union St.

Exact statement of OCCUPATION is very important. Do not leave blank terms, so that it may be properly classified.

STATE OF NEBRASKA )  
                          ) ss.  
COUNTY OF DOUGLAS )

A F F I D A V A T

Susan Severin, being first duly sworn on oath deposes and says that she is the <sup>sister</sup> ~~niece~~ of Celia Burke, deceased, who died on April 15, 1931 and that she was at the age of sixty-nine (69) at the time of her death.

Affiant further states that Celia Burke was sixty-nine (69) years of age at the time of her death.

Susan Severin

Subscribed in my presence and sworn to before me this 15  
day of May, 1931.

J. J. Mayers  
Notary Public.

STATE OF NEBRASKA )  
                          )  
COUNTY OF DOUGLAS )

ss.

A F F I D A V I T

Josephine Sheahan, being first duly sworn on oath deposes and says that she is the niece of Celia Burke, deceased, who died on April 15, 1931 and that she was at the age of sixty-nine (69) at the time of her death.

Affiant further states that Celia Burke was sixty-nine (69) years of age at the time of her death.

Ms. Josephine Sheahan

Subscribed in my presence and sworn to before me this 15  
day of May, 1931.

J. J. Kraviec  
Notary Public.