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

Do not use this space.

File No. 16524
Registered No. 2014

1. PLACE OF DEATH
County: Jackson Joseph
Township: Kan
City: Kansas City Mo. Ward: 2 Hospital: Research Hospital St. ..... Ward)
Registration District No. 399
Primary Registration District No. 1092

2. FULL NAME Christopher Burns
(a) Residence, No. 1212 E 49th Terrace K C Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 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: Grace Burns
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 26 - 1886
7. AGE: YEARS 47 50 MONTHS 25 DAYS 448 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Detective K.C.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Police Force
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): Salmon Kansas

FATHER
13. NAME: Christopher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Rosie Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Y.

17. INFORMANT: Mrs Grace Burns
(ADDRESS) 1212 E 49 St Terrace K C Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cem DATE: May 10, 1933
19. UNDERTAKER: Jos A. Butler & Son
(ADDRESS) K C K
20. FILED: May 10, 1933 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 10, 1933
22. I HEREBY CERTIFY, That I attended deceased from 4-28, 1933, to 5-10, 1933
I last saw h. alive on 5-10, 1933. Death is said to have occurred on the date stated above, at 6.25 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Sometime prior to	4-28-33
Chronic Pyelonephritis	
Bilateral Hydronephrosis	
Other contributory causes of importance:	
Chronic Nephritis	
Arteriosclerosis - kidney	
Hypertension	

Name of operation: — Date of: —
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Jacob Block, M. D.
(Address) 924 Ruby Bldg.

87

1933 - 5 - 40
1883 - 4 - 26
- 50 0 14

A F F I D A V I T

STATE OF KANSAS)
(SS:
SALINE COUNTY)

Comes now John Burns of lawful age and upon his oath, being first duly sworn, alleges and says:

That Christopher Joseph Burns, deceased, was a relative of his; that upon the death of Christopher Joseph Burns this affiant gave the information appearing upon the death certificate filed with the proper Registrar in Kansas City, Missouri; that said information was given by this affiant from memory and that at the time he believed the same to be correct; that since that time this affiant has learned from record information that he was mistaken as to the facts given on the certificate of death which was filed.

Affiant further states that the correct full name of the deceased was Christopher Joseph Burns; that the correct date of birth was February 2, 1886, and not February 26, 1883, as it now appears on said death certificate.

That this affidavit is made for the purpose of correcting the records in order that said records may show the true and correct name and date of birth of the deceased.

Further affiant saith not.

John Burns

Subscribed and sworn to before me this 20th day of May, 1933.

[illegible]
Notary Public.

My Commission Expires August 11, 1934.