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

Do not use this space.

29881

399

1. PLACE OF DEATH

County JACKSON — Registration District No. 1002 — File No.

Township KAW — Primary Registration District No. — Registered No. 3807

City KANSAS CITY (No. ST. JOSEPH'S HOSPITAL St. Ward)

2. FULL NAME JOHN ROSS BURGER

(a) Residence, No. 2915 - EAST - 33 RD St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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~~ MRS. BELLE BURGER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 21 1874

7. AGE: YEARS 59 — MONTHS 2 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SPECIAL AGENT

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. DEPARTMENT OF JUSTICE

10. Date deceased last worked at this occupation (month and year) APRIL - 1933

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

FATHER

13. NAME WILLIAM H. BURGER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA

MOTHER

15. MAIDEN NAME SARAH E. WOOLDRIDGE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT MRS. BELLE BURGER (ADDRESS) 2915 - EAST - 33 RD ST

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. WASHINGTON DATE SEPTEMBER 28, 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 9-27, 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPTEMBER 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 18 1933 to Sept 26, 1933

I last saw him alive on Sept 26, 1933. Death is said to have occurred on the date stated above, at 8:00 P.m.

The principal cause of death and related causes of importance were as follows:

Shock following perforation duodenal ulcer

117 B
126
127A

Date of onset

Other contributory causes of importance: Obstruction common bile duct by stone

Name of operation Cholecystotomy Date of Sept 20

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) [signature], M. D.

(Address) 736 Argyle Bldg

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.

WHITE PERIOD, WITH UNFADING INK—THIS IS A PERMANENT RECORD

73b Argyle Bldg
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