

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

Do not use this space.

30025

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Law Primary Registration District No. 1002
 City Kansas City, Mo. No. 2670269

File No. 3831
 Registered No. 3831
 St. _____ Ward _____

2. FULL NAME

Mrs. Helen Henning
 (a) Residence. No. 2670269 St. 16 Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>H. A. Henning</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct. 13, 1861</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>11</u>
	DAY <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

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

PARENTS	10. NAME OF FATHER <u>J. Emerson Bean</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Maine</u>
	12. MAIDEN NAME OF MOTHER <u>Eliza Holmes</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Maine</u>

14. INFORMANT Mrs. S. D. Simmons
 (Address) Cameron, Mo.

15. FILED 9/18, 1930 M. M. Croove
 REGISTRAR
Assn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-17-1930

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1930, to Sept. 17, 1930 that I last saw her alive on Sept. 17, 1930, and that death occurred, on the date stated above, at 10:10 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastric Carcinoma
460 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Symptomatic
9/18 (Signed) Geo. W. Droll M. D.
 (Address) 838 Lathrop Bldg.

*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 Cameron, Mo. DATE OF BURIAL 9-18 1930

20. UNDERTAKER Human Mortuary ADDRESS S. C. Mo.

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

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.

35-25-000-52-55