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

Do not use this space.

5054

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 854
City Kaw (No. St. Luke Hospital St. Ward)

2. FULL NAME Helen Irene Burris
(a) Residence. No. 621 Spruce St., Ward.
(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: Fe
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: Joseph N. Burris

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June-13-1896

7. AGE: Years 32 — Months 8 — Days 12 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Film Inspector
(b) General nature of industry, business, or establishment in which employed (or employer): for Famous Players
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: Edw. M. Lane
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois
12. MAIDEN NAME OF MOTHER: Eliz. Morgan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kansas

14. INFORMANT: Edw. M. Lane
(Address) 621 Spruce av.

15. FILED 2/26, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

6

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb-25 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1927, to Feb 25, 1927 that I last saw her alive on Feb 25, 1927, and that death occurred, on the date stated above, at 7 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hyperplastic Endometritis (Hysterectomy)
122
134
127
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Acute Intestinal Obstruction from Adhesions (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb 15, 1927
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Course
(Signed) Ralph K. Wilson, M. D
2/26, 1927 (Address) 1002 Argyle 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: St. Marys — DATE OF BURIAL: Feb 28 1927

20. UNDERTAKER: Mrs. C. L. Foster — ADDRESS: K.C. Mo.

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.

...THIS IS A PERM...

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County ..... Registration District No. 399 File No. .....

Township ..... Primary Registration District No. 1002 Registered No. 854

City Kans City (No. ....., ... St. ..... Ward)

2. FULL NAME Helen Irene Burns

(a) Residence. No. ..... St., ... Ward. .....
(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: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13-1896

7. AGE: 30 Years X Months 8 Days 12 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(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
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY)

14. INFORMANT .....
(Address)

15. FILED 2/26, 19 27 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 25 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

.....

.....

.....

..... (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? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) ....., M. D

, 19 (Address)

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL 19

20. UNDERTAKER — ADDRESS

SUPPLEMENTARY

...ENTRY, WITH UNFADING INK—THIS IS A PERMANENT RECOR...

...item of information s... ...fully supplied. AGE should be stated EXAC... ...YSICIANS should state ...OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

Name: Helen Irene Burris

Who died at: Kaw Tp. Kansas City Mo. on Feb. 25, 1927.

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Hyperplastic Endometritis
Hysterectomy

Contributory: Acute Intestinal Obstruction
adhesions.

137

Where was disease contracted? _____

Did operation precede death? yes, two Date of _____

Was there an autopsy? No What test confirmed diagnosis? Findings after 2nd operation.

Name of physician: Ralph K Wilson

Address of physician: 1002 Argyle Bldg

The information is sought for statistical purposes. Prompt return of

Dr. James Stewart, Special Agent
Department of Commerce
Jefferson City, Mo.

My dear Doctor:

In reply to your request of September 26th I offer the following information:

Helen Irene Burris, who died February 25th, 1927, first came to me on February 15th, 1927 complaining of incapacitating pain in the right groin and back, and menorrhagia and metorrhagia. She gave the following history:

Aside from pneumonia in 1919 she had had no serious illnesses except in 1916 when Doctor E.P. Hamilton is said to have removed all pelvic structures except a part of an ovary and the uterus. In 1923 a Doctor King curetted for back aches and profuse menorrhagia. Her present illness was indefinite but she had not been well for at least eight years. Physical examination revealed a debilitated young woman with no positive and outstanding findings except the vaginal examination. This revealed a tender pelvis, a mass in the right side and the uterus exceedingly painful to motion.
In view of these findings laparotomy was advised and accepted.

At operation a truly cystic ovary was found imbedded with the uterus in a mass of old adhesions which was identified with considerable difficulty. Both broad ligaments revealed huge varicosities. A complete hysterectomy was done and the cervix was coned out from above, at no time encountering any free suppurative material.

Convalesence was entirely satisfactory until the morning of the eighth day at which time she developed typical signs of acute intestinal obstruction.

A second operation was done and because of the patients condition a prolonged search was not instituted for the point of obstruction. A Wetzel tube was inserted and pelvic drain was introduced into the pouch of Douglas. This seemed to excite her condition rather than relieve it as following it she developed chills and fever and died of a general peritonitis.

Trusting this meets with your approval and supplies the information desired, I beg to remain

Most sincerely,

RRW.S

Ralph R. Wilson