WAY 25 1927

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

Do not use this space.

11028

File No. .....

Registered No. 412

85

1001

1. PLACE OF DEATH

County: Buchanan

Registration District No.: 85

Township: .....

Primary Registration District No.: 1001

City: St. Joseph, (No. St. Joseph's Hospital St. ..... Ward)

2. FULL NAME: Helen Margaret Reents

(a) Residence. No. 1611 South 24th Street St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 5 mos. 9 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Carl Reents

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 9. 1900.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	26	5	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Household

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): St. Joseph,
(STATE OR COUNTRY): Missouri.

PARENTS

10. NAME OF FATHER: John L Heyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Kansas City,
(STATE OR COUNTRY): Missouri.

12. MAIDEN NAME OF MOTHER: Carrie Blood

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Detroit,
(STATE OR COUNTRY): Michigan.

14. INFORMANT: Carl Reents
(Address): 1611 South 24 Street.

15. FILED: Apr 20 1927 19 John G. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): April. 18. 1927

17. I HEREBY CERTIFY, That I attended deceased from April 4, 1927, to April 18, 1927 that I last saw h. alive on April 18, 1927, and that death occurred, on the date stated above, at 3/30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Gangrenous Perforating Appendicitis

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY): Obstruction of Gallbladder

(duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1611 S 24

DID AN OPERATION PRECEDE DEATH? yes. DATE OF April 4-27

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Gustav A Lau, M. D

Apr. 19, 1927 (Address) Kirkpatrick 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: Ashland Cemetery

DATE OF BURIAL: Apr. 20 1927.

20. UNDERTAKER: H. O. Siderfaden

ADDRESS: 1802 Union Str.

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.

PRIMARY WITH OWNING INSTITUTIONS IS A PERMANENT RECORD

MAY 20 1957