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

Do not use this space.
15029

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.:
Township: Kaw — Primary Registration District No.: 1002 — Registered No.:
City: Kansas City (No. Trinity Lutheran Hosp. St. Ward)

2. FULL NAME Mrs Helen Mc Murray

(a) Residence. No. St., Ward. Jewell, Kans.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 13 - 1859

7. AGE: Years 67 | Months 7 | Days 26 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(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): Mich.

PARENTS
10. NAME OF FATHER: Wm Howell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): don't know
12. MAIDEN NAME OF MOTHER: don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): don't know

14. INFORMANT: Rob McMurray
(Address): 1104 Michigan, Topeka, Kans

15. FILED: May 9, 1927 M. M. Crouse Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5-9-27 19

17. I HEREBY CERTIFY, That I attended deceased from April 30, 1927, to May 9, 1927, that I last saw h. alive on May 9, 1927, and that death occurred, on the date stated above, at 8.25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis c
Chronic nephritis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Strangulated Hernia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: Trinity Hospital
DID AN OPERATION HASTEN DEATH? yes DATE OF: 5/5/27
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) John H. Witherd, M. D.
5/9, 1927 (Address) 1025 Rialto Bldg K.C.

*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: Jewell, Kans — DATE OF BURIAL: May 9 1927
20. UNDERTAKER: The Freeman Mortuary — ADDRESS: 3146 Main

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.

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