JUL 25 1927

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

Do not use this space.

17589

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 626

City St. Joseph (No. Clinical Hospital 720 Edmond Street St. Ward)

2. FULL NAME Helene Dorothy Buehlmann

(a) Residence. No. St. Joseph R F D No. 3 St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U.S., if of foreign birth? 27 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 John Buehlmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 17. 1867.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	59	9	29	

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) Donsig, (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Edward Boedtke

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Aloina Domke

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany (STATE OR COUNTRY) Germany

14. INFORMANT John Buehlman (Address) St. Joseph R F D No. 3

15. FILED JUN 17 1927, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from June 14, 1927, to 6-16, 1927 that I last saw her alive on 6/16, 1927, and that death occurred, on the date stated above, at 5/25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Uteri.

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 46

(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) Will N. Grow, M.D.O.

June 17. 1927 (Address) 222 Logan 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 Mount Mora Cemetery — DATE OF BURIAL June 18 1927

20. UNDERTAKER H. O. Sidenfaden — 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.