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

Do not use this space.

33411

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 2513 Spruce St. Ward)

File No.
Registered No. 80

2. FULL NAME Helen Louise Hackethorne
(a) Residence. No. 2513 Spruce St., 14 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.

3

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 Earl E. Hackethorne

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2nd 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	32	5	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Missouri

PARENTS
10. NAME OF FATHER Patrick McMahon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Annie Patterson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Mrs. Foster,
(Address) Kansas City, Mo.

15. FILED 11/4, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-3 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1927, to Nov 3, 1927, that I last saw her alive on Nov 3, 1927, and that death occurred, on the date stated above, at 10:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Endocarditis & Arsenic valvular disease
(duration) 7 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
(duration) 7 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Association
(Signed) D. D. Edwards, M. D
11/4, 1927 (Address) 4800 Ex 4th St

*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 11-5 1927

20. UNDERTAKER J. P. Taylor — ADDRESS Kans. City 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.

PERMANENT RECORD

Mr. D. Edmonds
4800 E 24th