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

Do not use this space.

27420

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 2496
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. Kansas City Research Hospital St. Ward)

2. FULL NAME Mrs Helen Blanch Cole
(a) Residence. No. 2003 E 69th St. St., 3 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: 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 Wm Brent Cole deceased 9-2-21

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE: Guess — YEARS 52 — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Music Instructor
(b) General nature of industry, business, or establishment in which employed (or employer): home
(c) Name of employer: 2003 E 69th St

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

PARENTS
10. NAME OF FATHER: Jno A. Spencer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Lucy Wanger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): England

14. INFORMANT: R E Spencer
(Address) East Liverpool O.

15. FILED 8/21, 1928 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH Friday

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 17 1928

17. Coroner
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 7 A. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental Traumatism — Automobile and R.R. Train 206 M
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) (Inc KC)
(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? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) H. E. Moss, M. D
8-17, 1928 (Address) Coroner

*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: Forest Hill — DATE OF BURIAL: Aug 21 1928

20. UNDERTAKER: Eylar Funeral Home — ADDRESS: 1800 Linwood

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.

[illegible] INFORMATION IS A PERMANENT RECORD

Mr Webb bank.

J. W. Kessinger.