WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

18012

File No. 2048

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 235 Ward Parkway St. Ward)

2. FULL NAME Helen A. McCune

(a) Residence. No. 235 Ward Parkway St., 6 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	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 Henry L. McCune

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	62	2	1	

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) Keokuk
(STATE OR COUNTRY) Iowa

PARENTS

10. NAME OF FATHER Geo W. McCrary

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

12. MAIDEN NAME OF MOTHER Helen Gelot

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

14. INFORMANT H. L. McCune
(Address) 235 Ward Parkway

15. FILED 5/2, 1929 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 1929

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1929, to May 30, 1929 that I last saw her alive on ~~April~~ ~~30~~ 29, 1929, and that death occurred, on the date stated above, at 14 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris

94H

(duration) yrs. mos. ✓ ds.

CONTRIBUTORY (SECONDARY) Unknown

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Ralph M. Halbrook, M. D

5/2, 1929 (Address) 816 Lathrop 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~~ Elmwood Cem — DATE OF BURIAL 5/4 1929

20. UNDERTAKER Stine & McClure — ADDRESS 3235 Gillham Plaza