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

Do not use this space.
24643
30055

1. PLACE OF DEATH
County: Jackson — Registration District No.:
Township: ~~Cor. Eight & K.~~ K. — Primary Registration District No.:
City: Kansas City, Mo. (No. Mercy Hosp. St. Ward)

File No.:
Registered No.:

2. FULL NAME Anna Helm
(a) Residence. No. 615 State St., K.C.K. St. 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)
F.	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-7-1928

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	6	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City, Kan.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Edward Helm
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo
12. MAIDEN NAME OF MOTHER Bessie Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Kan.

14. INFORMANT Mercy Hospital (Cause & Date)
(Address) Kansas City, Mo

15. FILED 7-13 1929 M. M. Crane REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1929

17. I HEREBY CERTIFY, That I attended deceased from July 8, 1929, to July 12, 1929, that I last saw he alive on July 12, 1929, and that death occurred, on the date stated above, at 2:00 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

T.B. Meningitis (suspected) with MTH
(duration) yrs. mos. 12 ds. ?
CONTRIBUTORY (SECONDARY) Terminal Pneumonia
Bronchio. (duration) yrs. mos. 3 ds. ?

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? none
WHAT TEST CONFIRMED DIAGNOSIS? Spinal fluid
(Signed) Dr. Dwyer M.D., M. D.
7-12, 1929 (Address) Children's Mercy Hospital.

*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: Bethel Kans. — DATE OF BURIAL: July 13 1929
20. UNDERTAKER: Geo. H. Long. — ADDRESS: K.C.K.

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.