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.

4982

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. [illegible]

Township Kaw — Primary Registration District No. [illegible] — Registered No. [illegible]

City Kansas City (No. Trinity Luthern Hospital St. Ward)

2. FULL NAME Helen Chase Glayzer

(a) Residence. No. 2203 W.42nd.K.C.K. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James R.Glayzer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept.5 1907

7. AGE: Years 22 — Months 5 — Days 4 — If LESS than 1 day, ___ hrs. or ___ min.

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) Kansas City
(STATE OR COUNTRY) Kansas

PARENTS
10. NAME OF FATHER: Edward Chase
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER: Mary J.Flowers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio

14. INFORMANT: Mrs.Mary J.Chase
(Address) 2204 W.43rd.

15. FILED 7/11, 1930 M.M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb-9th- 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1929, to ___, 19___, that I last saw her alive on Feb 9, 1930, and that death occurred, on the date stated above, at 11-30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Toxemia, from peritonitis and gangrenous cystitis — Streptococcus Infection (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Vomiting of pregnancy 140 (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? Home - 2203 W42nd St

DID AN OPERATION PRECEDE DEATH? Spontaneous miscarriage DATE OF Feb. 7, 1930

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy - smears etc

3/10, 1930 (Signed) Eugene H. Ferguson, M.D (Address) 1810 W45th 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: Mt.Hope — DATE OF BURIAL: Feb.11 1930

20. UNDERTAKER: H.W.Gates — ADDRESS: K.C.K.