

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City (No. 1500)

Registration District No. 399
Primary Registration District No. 1002

File No. 36244
Registered No. 4650
St. _____ Ward)

2. FULL NAME

(a) Residence. No. 1420 Judge St., 1 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 16-1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 5 hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

Infant

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

10. NAME OF FATHER Alvey Helmer

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

12. MAIDEN NAME OF MOTHER Ethel Laneaway

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

14. INFORMANT Alvey Helmer (Address) 1420 Garboe

15. FILED 11/17/30 M. J. Corne REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1930, to Nov 17, 1930, that I last saw him alive on Nov 17, 1930, and that death occurred, on the date stated above, at 1:30 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Infant born dead

CONTRIBUTORY (SECONDARY) 1590

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) W. W. Jones, M. D.

"17, 1930 (Address) 270 N. 12th St. Mo

*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 DATE OF BURIAL

Highland Park 11/17/30

20. UNDERTAKER F. O'Donnell ADDRESS 3256 Bluff

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.

