

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

Do not use this space.

5521

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City Mo. (No. Mercy Hospital)

File No. _____
Registered No. 611
St. _____ Ward _____

2. FULL NAME Heleen Hughes

(a) Residence No. 1712 Wabasha St. _____ Ward Independence Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>S</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>7-30-21</u>				
7. AGE	YEARS <u>9</u>	MONTHS <u>6</u>	DAYS <u>9</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Child</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-8 1931

17. I HEREBY CERTIFY, That I attended deceased from 1-31- 1931, to 2-8 1931 that I last saw him W alive on 2-8 1931, and that death occurred, on the date stated above, at 9:35 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Metral Heart Disease with
cardiac decompensation
Chronic nephritis with Edema with
terminal Uremia (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)
Chronic nephritis with Edema with
terminal Uremia (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Rosalia
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER Raymond

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

12. MAIDEN NAME OF MOTHER Mamie Beebe

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Kansas City

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Home
DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Lab. Clinical & Physical Findings
(Signed) Dorothy Pabala M. D.

2-8 19 31 (Address) Mercy Hospital

14. INFORMANT Mercy Hospital
(Address) Kc Mo

15. FILED 7/9 31 M. M. Cronin
REGISTRAR Asst

*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 Washington DATE OF BURIAL Feb. 10 31

20. UNDERTAKER Mrs. C. L. Foster ADDRESS K.C. Mo

WRITE PLAINLY, WITH UNWRAPPING 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.

Mr. Jones