

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

Do not use this space.

21562

**1. PLACE OF DEATH**

County.....Jackson  
Township.....Kaw  
City.....Kansas City

Registration District No. 399  
Primary Registration District No. 1001  
(No. 622 West 67th St. Terrace)

File No. ....  
Registered No. 2697  
St. .... Ward)

**2. FULL NAME**

Helen Owens Orear

(a) Residence. No. 622 West 67th St. Terrace Ward. 8  
(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 Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 29, 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	67	11	20	

**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).....Sweet Springs  
(STATE OR COUNTRY).....Missouri

10. NAME OF FATHER William Owens

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

12. MAIDEN NAME OF MOTHER Sarah E. Bright

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....Sweet Springs  
(STATE OR COUNTRY).....Missouri

14. INFORMANT.....John P. Orear  
(Address).....622 W. 67th St. Terrace

15. FILED.....6/20, 1931  
M. M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19 1931

17. I HEREBY CERTIFY, That I attended deceased from 1931, 1931, to 6-19-1931, that I last saw h..... alive on.....1931, and that death occurred, on the date stated above, at.....2:10 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral Hemorrhage  
Chronic Hypertension  
Encephalitis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed).....[Signature]..... M. D.

6/20, 1931 (Address) KC 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

Sweet Springs, Mo DATE OF BURIAL 6/21 1931

20. UNDERTAKER

Stines McClure ADDRESS 3235  
William Platt

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.

5731 ... No 4746

Trinity ... No 9 ...

Handwritten scribble or mark.