

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

Do not use this space.

33674

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph (No. 1916 Highly)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 1069
St. _____ Ward)

2. FULL NAME Helen Louise Bywater

(a) Residence No. 1916 Highly 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 Female
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) October 18, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or min.
0 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Chas. R. Bywater

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

12. MAIDEN NAME OF MOTHER Helen McKown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Old Mexico.

14. INFORMANT Mr. Chas. R. Bywater
(Address) 1916 Highly St-St Joseph Mo.

FILED 19 1931

John R. Bender
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 18 19 31

17. I HEREBY CERTIFY, That I attended deceased from Oct 18 1931, to Oct 18 1931, and that I last saw her alive on Oct 18 1931, and that death occurred, on the date stated above, at St. Joseph, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prematurity

159 (duration) yrs. mos. ds.

CONTRIBUTORY not determined (SECONDARY)

159 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Winton F. Stacy, M. D.

Oct. 18 1931 (Address) Wickpatrick Bldg

*State the DISEASE CAUSING DEATH, if 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

Ashland Cemetery

Oct 19 19 31

20. UNDERTAKER

ADDRESS

H.C. Siddeford

1802 Union St.

K. 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.

NOV 28 1931

