

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.

16161

**1. PLACE OF DEATH**

County Jackson Registration District No. 1002  
 Township Man Primary Registration District No. \_\_\_\_\_  
 City Kansas City, Mo. R.C. General Hosp St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 1954  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 514 Main St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 22, 1872</u>		
7. AGE <u>59</u>	MONTHS <u>9</u>	DAYS <u>16</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Blacksmith</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>24</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
FATHER	13. NAME <u>John Helm</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
MOTHER	15. MAIDEN NAME <u>Helen Gray</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
17. INFORMANT (ADDRESS) <u>Deirda Clark R.C. Gen. Hosp. R.C.M.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Leeds</u> DATE <u>5-6-32</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Sapetina K.C. Mo.</u>		
20. FILED <u>5/14 1932 M.M. Craue</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-8 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-6 1932 to 5-8 1932

I last saw him alive on 5-8 1932 Death is said to have occurred on the date stated above, at 12:00 m.

The principal cause of death and related causes of importance were as follows:  
Diarrhea and Dysentery (unseasonable cause)

Other contributory causes of importance:  
130 120B 130

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) P. Willes M. D.  
 (Address) Sup't R.C. Gen. Hosp. R.C.M.

