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.

16217

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City K.C. Mo (No. General Hospt. St. Ward)

File No. 2010
Registered No.

2. FULL NAME Helen May Kincannon
(a) Residence, No. 1211 Campbell St., 2 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 Fe
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31-1910

7. AGE YEARS 21 MONTHS 8 DAYS 17 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) Tarkio Mo. 1

FATHER
13. NAME J. W. Kincannon.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairfax Mo

MOTHER
15. MAIDEN NAME Marie Brown.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) W. J. Kincannon. 1211 Campbell St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairfax Mo DATE 5-20- 1932

19. UNDERTAKER (ADDRESS) J. P. Louis Funeral Home K.C. Mo.

20. FILED May 18, 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-18, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....
I last saw Deputy Coroner on ....., 19..... Death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

Suicide Lysol a poison

163C 163

Date of onset

Other contributory causes of importance:

7

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy 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) Stanley McHall, M. D.
(Address) Deputy Coroner