

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

Do not use this space.

**1. PLACE OF DEATH**

County JACKSON Registration District No. 399 File No. 22854  
Township NAW Primary Registration District No. 1002 Registered No. 2030  
City KANSAS CITY (No. 127 SOUTH CHELSEA St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME**

MRS. HELENE DOEBLER  
(a) Residence. No. 127 SOUTH CHELSEA 10 Ward. \_\_\_\_\_ (If nonresident, give city or town and State)  
(Usual place of abode)  
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) DIVORCED  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) DECEMBER 22-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
70 6 23

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) BERLIN  
(STATE OR COUNTRY) GERMANY 10

10. NAME OF FATHER UNKNOWN BERGNER  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) GERMANY  
12. MAIDEN NAME OF MOTHER UNKNOWN  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

14. INFORMANT MISS CHARLOTTE DOEBLER  
(Address) 127 SOUTH CHELSEA

15. FILED July 15 1932 M. M. Brown REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) JULY-14 1932

17. I HEREBY CERTIFY, That I attended deceased from 8:10-31 July 14, 1932 to July 14, 1932 that I last saw her alive on July 12, 1932, and that death occurred, on the date stated above, at 1:15 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Septicemia  
with gangrene of toes  
foot & leg  
(duration) \_\_\_\_\_ yrs. 2 mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis  
(duration) 10 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? labinal  
(Signed) W. L. Ray, M. D.  
14-1932 (Address) 321 Altman St

\*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 CREMATION DATE OF BURIAL JULY-16 1932

20. UNDERTAKER D. W. NEWCOMER'S SONS ADDRESS 2111 E. 9<sup>TH</sup> ST.

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.

321 Altman, Edg.

10-12; 3-6