

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

Do not use this space.

29205

**1. PLACE OF DEATH**

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

399  
1008

Registration District No.....  
Primary Registration District No.....  
(No. Memorah Hospital)

File No.....  
Registered No. 3378  
St..... Ward.....

**2. FULL NAME** Helen H. Henry

(a) Residence, No..... St., Y Ward. Harrisonville, Mo.  
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Milton R. Henry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 20, 1911</u>		
7. AGE	YEARS	MONTHS
	<u>21</u>	<u>4</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>At home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... <u>2</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1932, to Sept 6, 1932  
I last saw her alive on Sept 5, 1932. Death is said to have occurred on the date stated above, at A. m. 4:50  
The principal cause of death and related causes of importance were as follows:  
Date of onset

pernicious vomiting of pregnancy  
14 7  
14 9 12  
Other contributory causes of importance:  
Exhaustion of pregnancy

Name of operation Coniuncture Date of Sept 6-32  
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No 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) M. A. Hanna M. D.  
(Address) 909 Professional Bldg

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>Thomas Howard</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>
	15. MAIDEN NAME <u>Not known</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>
	17. INFORMANT <u>Milton R. Henry</u> (ADDRESS) <u>Harrisonville, Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Johnson Co., Mo</u> DATE <u>9-7-1932</u>
	19. UNDERTAKER <u>Stine &amp; McChesney</u> (ADDRESS) <u>3235 Guilham Plaza</u>
20. FILED <u>9-6-1932</u> M. M. Registrar.	

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.

WRITE PLAINLY, WITH WRITING INK, THIS IS A PERMANENT RECORD

