

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

Do not use this space.

35797

**1. PLACE OF DEATH**

County Jackson Registration District No. 389  
 Township Law Primary Registration District No. 1302  
 City Kansas City (No. 1717) Lydia

File No. ....  
 Registered No. 4305  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 1717 Lydia St. W Ward.

(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>Fe</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 11, 1932</u>		
7. AGE	YEARS	MONTHS
	<u>3</u>	<u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>None</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>108</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>Kansas City Mo.</u>		
13. NAME <u>George Helms</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. 20</u>		
15. MAIDEN NAME <u>Hattie Banks</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>		
17. INFORMANT <u>Hattie Helms</u> (ADDRESS) <u>1717 Lydia</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis</u> DATE <u>11/16</u>		
19. UNDERTAKER <u>Starkins Bros. Undert. Co.</u> (ADDRESS) <u>1717 Lydia</u>		
20. FILED <u>Nov. 16, 1932</u> <u>W. M. Larson</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/13, 1932, to 11/14, 1932  
 I last saw h. an alive on 11/14/32 Death is said to have occurred on the date stated above, at 11:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
108 Lobes Pneumonia  
 Other contributory causes of importance: 108  
 Name of operation None Date of None  
 What test confirmed diagnosis? Chemical Was there an autopsy? No

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 Yes  
 (Signed) August P. Emery, M. D.  
 (Address) 1716 E 12th St. H. C. Mo.

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.

E. B. Perry. 1716 E. 12th.