

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

Do not use this space.

**23233**

**1. PLACE OF DEATH**

County Jackson Registration District No. 3-3  
 Township Taw Primary Registration District No. 2002  
 City Kansas City, Mo. (No. 6625, Lydia 2002) St.          Ward         

File No.           
 Registered No. 2939  
 St.          Ward         

**2. FULL NAME**

Helen L. (Gresson) Gresham

(a) Residence, No. 6625 Lydia St.,          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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS or (OR) WIFE OF - <u>Harry Gresham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 2, 1909</u>		
7. AGE YEARS <u>24</u>	MONTHS <u>8</u>	DAYS <u>13</u>
If LESS than 1 day, <u>        </u> hrs. or <u>        </u> min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Dept. Mgr.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Textile Mfg. Co.</u>	
	10. Date deceased last worked at this occupation (month and year) <u>June 22, 33</u> Total time (years) spent in this occupation <u>8</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Mo.</u>		
FATHER	13. NAME <u>John Burgenbach</u> <u>9</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Eva Parker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>G. S. Gresson</u> (ADDRESS) <u>6625 Lydia</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>July 18, 1933</u>		
19. UNDERTAKER <u>H. F. Thompson</u> (ADDRESS) <u>1. E. Mo.</u>		
20. FILED <u>July 18, 1933</u> <u>M. M. Crowe</u> <u>Asst. Registrar.</u>		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to July 15, 1933.  
 I last saw her alive on July 15, 1933. Death is said to have occurred on the date stated above, at 3:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
1331 myocarditis, Acute  
107A  
93A  
 Other contributory causes of importance: 137  
Pneumonia - Broncho

Name of operation Examination Date of           
 What test confirmed diagnosis Examination 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? no  
 If so, specify         

(Signed) Harbert L. Brown M. D.  
 (Address) 810 Waldheim Bldg. D. O.

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.

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