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.

29849

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3775
Township Kaw — Primary Registration District No. 1003 — Registered No.
City Kansas City (No. 3906 Wyoming St. Ward)

2. FULL NAME Helen Adele Marshall
(a) Residence, No. 3906 Wyoming St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. 3 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edwin W Marshall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21 - 1910

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
23	3	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Globe Clothing Co, Kline Cloak Suit Co
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) Pittsburg Kansas

FATHER
13. NAME Ernest Richard Combs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

MOTHER
15. MAIDEN NAME Grace Nichols
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT (ADDRESS) Edwin W Marshall 3906 Wyoming K C Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pittsburg, Ks DATE 9/24 1933

19. UNDERTAKER (ADDRESS) Geo F Porter & Sons 915 N 10 K C Kans

20. FILED 9/24 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1933 to Sept 23, 1933
I last saw her alive on Sept 23, 1933. Death is said to have occurred on the date stated above, at 6:25 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intraventricular Hemorrhage	

Other contributory causes of importance:
Ruptured Cerebral vessel
Hypertension

Name of operation ✓ Date of
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) Marvin L. Bills, M. D.
(Address) KC, Mo