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.
40165

JAN 26 1934

PLACE OF DEATH
County JACKSON Registration District No. 255 File No.
Township KAW Primary Registration District No. Registered No. 4970
City KANSAS CITY (No. ST. JOSEPH'S HOSPITAL St. Ward)

2. FULL NAME MRS. HELEN FRANCES NELSON
(a) Residence, No. 3205 BROADWAY St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 7 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*): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF NORVAL NELSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER 14 1910

7. AGE: YEARS 23 MONTHS 2 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) UNKNOWN

FATHER
13. NAME H. F. HARTUNG
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME CLARA RICHTER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT MR. NORVAL NELSON
(ADDRESS) 3205 BROADWAY

18. BURIAL, CREMATION, OR REMOVAL
PLACE HIGHLAND PARK K.C. KANS. DATE DECEMBER 8, 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED Dec 19 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/16/33

22. I HEREBY CERTIFY, That I attended deceased from ....19.... to ....19.... I last saw ....alive on ....19.... Death is said to have occurred on the date stated above, at ....
The principal cause of death and related causes of importance were as follows:

	Date of onset
Criminal Abortion	
Pelvic Abscess	
Chronic Peritonitis	

Other contributory causes of importance:
1558
1598

Name of operation ....Date of ....
What test confirmed diagnosis ....Was there an autopsy ....

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 ....
(Signed) ....M.D.
(Address) ....

Mercomes