

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-OUT-ADDING INK---THIS IS A PERMANENT RECORD

JUL 17 1934

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

Do not use this space.

20550

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City, Mo. (Not Late Sed. Hospital)

File No. \_\_\_\_\_  
 Registered No. 2700 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs. Helen M. Barrows

(a) Residence, No. Shreveport La. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

**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>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widow</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-25-1859</u>				
7. AGE YEARS <u>74</u>	MONTHS <u>6</u>	DAYS <u>28</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>House wife</u>			
	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) <u>Indiana</u>				
FATHER	13. NAME <u>Chas Anderson Munn</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
MOTHER	15. MAIDEN NAME <u>Sarah A. McLean</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pittsburgh Pa</u>			
17. INFORMANT <u>Mrs. Helen M. Maier</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shreveport La.</u> DATE <u>6/23/34</u>				
19. UNDERTAKER <u>O. V. MAST FUNERAL HOME, INC.</u> (ADDRESS) <u>31 X 6 Main St.</u>				
20. FILED <u>6/20</u> 19 <u>34</u> M. M. Brown Registrar				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18- 1934

22. I HEREBY CERTIFY, That I attended deceased from June 17 1934, to June 18 1934  
 I last saw h. or alive on June 18 1934. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:  
 Date of onset

Respiratory Paralysis following Thyroidectomy  
53  
 Other contributory causes of importance  
Carcinoma of the left thyroid producing pressure on diaphragm

Name of operation Thyroidectomy Date of June 18/34  
 What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury no, 19\_\_\_\_  
 Where did injury occur? no (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 George J. Conroy, M. D.

(Signed) \_\_\_\_\_ (Address) 2801 Plaza K & M

Mrs Helen M. Mair.

Shreveport, La.

At Conkey.