

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

Do not use this space.

NOV 13 1934

36199

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Pratt Primary Registration District No. 1002 Registered No. 17105
 City Kansas City, Mo. Research Hospital St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 1252 Stratford Rd. 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>Babe</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-21-34</u>		
7. AGE	YEARS	MONTHS
		IF LESS than 1 day, <u>9</u> hrs. or <u>7</u> min.
OCCUPATION	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>✓</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 Missouri</u>		
FATHER	13. NAME <u>Helster Katherine Joyaluy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Newell M. Gu</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Mo.</u>	
17. INFORMANT <u>Helster Katherine Joyaluy</u> (ADDRESS) <u>1252 Stratford Rd.</u>		
18. BURIAL, CREMATION, OR OTHER		
PLACE <u>Kansas City</u> DATE <u>10-22-34</u> 11:30		
19. UNDERTAKER <u>Research Hospital Laboratory</u> (ADDRESS) <u>123rd Walnut</u>		
20. FILED <u>10/23/34 M.M. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1934 for 9 hours, 1934.
 I last saw him alive on _____ 19____. Death is said to have occurred on the date stated above, at 9:30 p.m.
 The principal cause of death and related causes of importance were as follows:
1. Prematurity.
2. 7 mos.
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 Other contributory causes of importance:

Placenta previa
partially separated placenta

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) Don Carlos Guffey, M. D.
 (Address) 717 Professional Bldg

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.

W. H. HARRIS, Sheriff.

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