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.

JUL 2 2 1935

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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 1002 — File No. 19829

Township Kaw — Primary Registration District No. — Registered No.

City Kansas (No. 1338 Montgall St. [illegible] Ward)

2. FULL NAME Helen Marie Nation

(a) Residence, No. 1327 Prospect St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, ~~1935~~ 1923

7. AGE: YEARS II — MONTHS 10 — DAYS 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Olka.

FATHER
13. NAME Charles Nation
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER
15. MAIDEN NAME Rose Butel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Mother Mrs. Rose Nation 1327 Prospect Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE June 17, 35, 19

19. UNDERTAKER (ADDRESS) Peter B. Lapetina 536 Campbell St.

20. FILED 6-19, 1935 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/13/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Crowe, 19, to, 19

I last saw h... alive on 1257, 19 Death is said to have occurred on the date stated above, at 1257 m.

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

Thymic hyperplasia
Status Lymphaticus

Other contributory causes of importance:

No

Name of operation Autopsy Date of
What test confirmed diagnosis? 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?
If so, specify

(Signed) [signature], M. D.
(Address) [signature]