NOV 21 1935

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

Do not use this space.

32805

File No. 3934

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. KC General Hosp St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Helen Fouts
(a) Residence, No. 1641 Summit St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-29-1900

7. AGE 35 YEARS 35 MONTHS 1 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME Chas. O'Neal
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER
15. MAIDEN NAME Ellen Hilton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT (ADDRESS) Rural Clerk KC Gen Hosp KC Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn DATE Oct 19 1935

19. UNDERTAKER (ADDRESS) Carroll Davidson 3624 Front City

20. FILED 10-19 1935 M. McCrow, Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-4, 1935, to 10-15, 1935
I last saw her alive on 10-15, 1935 Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

Lung abscess; Empyema, origin undetermined

Date of onset

Other contributory causes of importance:

110

Name of operation 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) J. H. Jennett, M. D.
(Address) Sect KC Gen Hosp KC Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

100M-3-28-35