MAY 19 1936

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

Do not use this space.

15278

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:

Township: Kan. — Primary Registration District No.: 1007 — Registered No.: 1998

City: Kan City (No. 4411 State Line St. Ward)

2. FULL NAME Ellis Mison Helter

(a) Residence, No. 4411 State Line 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: Male. 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: Edna Mison Helter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 12 1889

7. AGE: Years 46 — Months 8 — Days — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Switchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mil RR.

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): Mo.

FATHER

13. NAME: Howard Pickell.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind

MOTHER

15. MAIDEN NAME: Emma Cox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind

17. INFORMANT (ADDRESS): Edna Mison Helter

18. BURIAL, CREMATION, OR REMOVAL PLACE: Elmwood. DATE: Apr 15 36

19. UNDERTAKER (ADDRESS): BERGMAN FUNERAL HOME, INC.

20. FILED: Apr 14 36 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 12 1936

22. I HEREBY CERTIFY: That I attended deceased from ..., 19..., to ..., 19..., I last saw him alive on ..., 19..., Death is said to have occurred on the date stated above, at 9:30 a.m.

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

	Date of onset
(1) Cerebral embolism	
(2) Chronic interstitial nephritis	
(3) Contributory cardiac failure	

Other contributory causes of importance:

WD 93C

Name of operation: Date of ...

What test confirmed diagnosis? Clinically 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)

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 UNFADING INK—THIS IS A PERMANENT RECORD

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