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.

MAY 15 1937

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

Do not use this space.

15166

File No. 17212

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. Trinty Lutheran Hosp. St. Ward)

2. FULL NAME Mrs. Helen Fiedler

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

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1909

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	27	9	4	

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) Dickinson County

FATHER

13. NAME B.H. Shank

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Margaret Hoffman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT E.L. Fiedler (ADDRESS) Navarre, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Hope, Kansas DATE April 10, 1937

19. UNDERTAKER D.W. Newcomer's Sons (ADDRESS)

20. FILED 4-10 1937 M.M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-12-36, 19, to 4-10-37, 19

I last saw her alive on 4-9-37, 19. Death is said to have occurred on the date stated above, at 4:10 A.m.

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

Sulphremia Abscess following G.B. Pancreatitis - Staph. | Date of onset

Other contributory causes of importance:

Name of operation Abscess drainage Date of 12-12-36

What test confirmed diagnosis? yes 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? No

If so, specify

(Signed) Guy E. Owen, M. D.

(Address) 5 Ho. Prof. Bldg. K.C.