

MAY 15 1937

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

Do not use this space.

15534

## 1. PLACE OF DEATH

County Jackson Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_  
Township Kane Primary Registration District No. \_\_\_\_\_ Registered No. 35  
City Kansas City, Mo. (No. Research Hospital) St. \_\_\_\_\_ (Ward)

## 2. FULL NAME

Babe Helmers  
(a) Residence, No. 5224 Pawnee Lane St. 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<br><u>Girl</u>   | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF                                |   |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 8, 1937</u>                                |   |  |
| 7. AGE  | YEARS   | MONTHS   |
| <u>Stillborn</u>  |   |  |
| 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.          |   |  |
| 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>               |   |  |
| MOTHER  | 13. NAME <u>Wallis Henry Helmers</u>  |  |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Laysing, Kansas</u>     |  |
| FATHER  | 15. MAIDEN NAME <u>Ressie Akers</u>   |  |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leavenworth, Kansas</u> |  |
| 17. INFORMANT <u>Wallis Henry Helmers</u><br>(ADDRESS) <u>5224 Pawnee Lane</u>              |   |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Research Lab</u> DATE _____ 19__              |   |  |
| 19. UNDERTAKER <u>Resposed of Laboratory</u><br>(ADDRESS) <u>Research Hospital</u>          |   |  |
| 20. FILED <u>4/12 37 M. M. Brown</u><br>Registrar.  |   |  |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 8, 193722. I HEREBY CERTIFY, That I attended deceased from April 8, 1937 to April 9, 1937I last saw h. Stillborn alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Still born

Date of onset

Other contributory causes of importance:

Dead several days before birth no known cause

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes23. 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) Fred H. Hager, M. D.(Address) 510 Prof. Bldg

