SEP 21 1937

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

Do not use this space.

296473

File No. 3281

Registered No.

1. PLACE OF DEATH

County Jackson

Township Kaw

City Kansas City (No. 136 South Chelsea St. Ward)

Registration District No. 399

Primary Registration District No. 1002

2. FULL NAME Helen Jacquline Masters

(a) Residence, No. 136 South Chelsea St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 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	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19-1927

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
10	1	15	

OCCUPATION

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

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) Independence Mo.

FATHER

13. NAME Ferd L. Masters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Skidmore Mo.

MOTHER

15. MAIDEN NAME Julia Frances Lowry

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

17. INFORMANT (ADDRESS) Ferd L. Masters 136 South Chelsea

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maryville Mo. DATE Aug 8, 1937

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

20. FILED Aug 5 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1937, to ....., 19..., I last saw her alive on Aug 4, 1937. Death is said to have occurred on the date stated above, at 10½ m.

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

	Date of onset
Interior Poliomyelitis –	Aug 1, 37

(16)

Other contributory causes of importance: —

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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) R. Furcemans, M. D.

(Address) 5 Hoa St John Bldg K.C. Mo

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.

5400 St. John

Bo 2659

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