

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

Do not use this space.

NOV 18 1937

1. PLACE OF DEATH
 County Jackson Registration District No. 379
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 2400, Garfield) St. _____ Ward _____

File No. 36677
 Registered No. 2000

2. FULL NAME Miss Helen N Draver
 (s) Residence, No. 2600 Garfield 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9, 1894

7. AGE YEARS 43 MONTHS 0 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) Alliance (STATE OR COUNTRY) Neb.

13. NAME Henry C. Draver
 14. BIRTHPLACE (CITY OR TOWN) Stillwater (STATE OR COUNTRY) Minn.

15. MAIDEN NAME Marie L. Haussner
 16. BIRTHPLACE (CITY OR TOWN) Stillwater (STATE OR COUNTRY) Minn.

17. INFORMANT Paul H. Draver (ADDRESS) 2600 Garfield

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Forest Hill DATE Oct 13th 1937

19. UNDERTAKER A. H. Newcomer Sons (ADDRESS) 7401 Bushshereks

20. FILED Oct 13 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11th 19 37

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1937, to Oct 11, 1937
 I last saw h. 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:

Carcinoma colon (Supra) 46
 Date of onset _____

Other contributory causes of importance: ✓

Name of operation none Date of _____
 What test confirmed diagnosis? clinical 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) Arthur M. Pherson M. D.
 (Address) 6 E 11 St. 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.

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No 1898

Wadsworth 1899

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