

DEC 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City, Mo. (No. 3310 Cleveland)File No. 40161Registered No. 44755

St. _____ Ward _____

2. FULL NAME

Mrs. Helene Lechner(a) Residence, No. 3310 Cleveland 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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George S. Lechner6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1850
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
26 87 6 13
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Germany13. NAME Anke Fiedler14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Anke Claussen16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Miss Maud Lechner
(ADDRESS) 3310 Cleveland18. PLACE OF BURIAL, CREMATION, OR REMOVAL Springfield, Mo DATE Nov. 6 193719. UNDERTAKER R. V. Lindsey & Sons, Inc
(ADDRESS) 3811 Broadway20. FILED Nov. 7 1937 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, 19____.

I last saw him on Dec 4 1937 at 2 PM Death is said to have occurred on the date stated above, at _____.

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

Acute Coronary Thrombosis Date of onset _____
rupture of the heartOther contributory causes of importance: 95B1Name of operation Duham Date of _____
What test confirmed diagnosis? _____ 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) Russell Wagoner, 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.

1950