

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.

17-139

REC'D JUL 12 1938

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

Do not use this space.

21046

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo (No. 1002)

Registration District No. 399
Registrar Registration District No. 1002

File No. 21046
Registered No. 2496
St. Ward

2. FULL NAME

Frederick Harry Helmer

451

(a) Residence, No. 2609 E 35th St. Ward

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-9-1867</u>		
7. AGE	YEARS	MONTHS
<u>70</u>	<u>7</u>	<u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>R.R. Clinic Retired</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 <u>25y</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Detroit Mich</u>		
FATHER	13. NAME <u>Do not know</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>	
MOTHER	15. MAIDEN NAME <u>Do not know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>	
17. INFORMANT (ADDRESS) <u>Mr Mattie Bee Fairfilds</u> <u>2609 E 35th St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmwood Cem</u> DATE <u>6/20/38</u>		
19. UNDERTAKER (ADDRESS) <u>V. MAST FUNERAL HOME, Inc.</u> <u>3146 Main St</u>		
20. FILE NO. <u>June 19 38</u> Registrar <u>M. M. Brown</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-20-1938

22. I HEREBY CERTIFY That I attended deceased from June 13 1938 to June 19 1938
Last saw him alive on June 19 1938 Death is said to have occurred on the date stated above, at 6:15 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
acute nephritis
Other contributory causes of importance:
acute nephritis

Name of operation No clinical 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) J. J. Jones M. D.
(Address) 901 W. 1st St. / Rich

Home

912 Beech