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

Do not use this space.
21571

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. Trinity Lutheran Hospital St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No.
Registered No. 2915

2. FULL NAME: Mrs Helen Steiner
(a) Residence. No. 4129 Monroe St., 16 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 7 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): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: W. P. Steiner

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sep - 15 - 1891

7. AGE: Years 35 | Months 10 | Days 9 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Social Worker
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Mrs. Edwards.

9. BIRTHPLACE (CITY OR TOWN): Burlington
(STATE OR COUNTRY): Kansas.

PARENTS
10. NAME OF FATHER: J. L. Davidson
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Fairfield Co
(STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Lillian Harding
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Lawrence
(STATE OR COUNTRY): Kansas.

14. INFORMANT: W. P. Steiner
(Address) 4129 Monroe Kan. City Mo.

15. FILED: July 25, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July - 24 1927

17. I HEREBY CERTIFY, That I attended deceased from July - 22, 1927, to July - 24, 1927, that I last saw her alive on July - 24, 1927, and that death occurred, on the date stated above, at 7.30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Yellow Atrophy of Liver
125A (duration) yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY): Unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? Yes - July-24-1927 - 9.30 pm
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Roy H. Stevens, M. D
July 24, 1927 (Address) 910 Rialto Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Olathe Kansas. DATE OF BURIAL: July 26 1927

20. UNDERTAKER: N. E. Julien ADDRESS: Olathe Ks.

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.