

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

Do not use this space.

30025

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Law Primary Registration District No. 1002  
 City Kansas City (No. 7670) (Ward 69)

File No. \_\_\_\_\_  
 Registered No. 3831 Ward \_\_\_\_\_

**2. FULL NAME**

Mrs. Helen Henning  
 (a) Residence. No. 7670 St. 16 Ward. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 15 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
-------------------------	----------------------------------	--

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 13, 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>68</u>	<u>11</u>	<u>4</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Maine

10. NAME OF FATHER J. Emerson Bean  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Maine  
 12. MAIDEN NAME OF MOTHER Eliza Holmes  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Maine

14. INFORMANT Mrs. S. D. Semmons  
 (Address) Cameron, Mo

15. FILED 9/18, 1930 M. M. Croove  
 REGISTRAR  
Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-17-1930

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to Sept. 17, 1930, that I last saw her alive on Sept. 17, 1930, and that death occurred, on the date stated above, at 10:10 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Gastric Carcinoma

46B (duration) \_\_\_\_\_ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Symptomatic  
9/18 (Signed) Geo. A. Droll M. D.  
 (Address) 838 Lathrop 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 Cameron, Mo DATE OF BURIAL 9-18 1930

20. UNDERTAKER Human Mortuary ADDRESS S. C. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

3525-5255