

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

Do not use this space.

40894

1. PLACE OF DEATH

County Jackson Registration District No. 351
 Township Jaw Primary Registration District No. 4209 Oak St.
 City X 6 mo (No. 4209 Oak St.) St. _____ Ward _____

File No. _____
 Registered No. 1882
 St. _____ Ward _____

2. FULL NAME

Hellen A. Williams
 (a) Residence, No. 4209 Oak St. St. _____ Ward _____
 (Usual place of abode)

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 Female 4. COLOR OR RACE wh. 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) Nov 5 1931

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

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. 107A

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) Kansas City Mo

13. NAME Helen Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Helen Benken

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Helen Williams 4209 Oak St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Dec. 7 1931

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 2040 West Linwood

20. FILED 177, 1931 M. M. Lemme Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 1931

I HEREBY CERTIFY, That I attended deceased from Nov. 5 to Nov 21 1931

I last saw her alive on Nov 21 1931 Death is said to have occurred on the date stated above, at 4209 m.

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

Primary Pneumonia - shown by autopsy - Primary
Bob found dead in bed.

Other contributory causes of importance:
Parents had not known babe was ill -

Name of operation _____ Date of _____
 What test confirms diagnosis? _____ Was there an autopsy? yes

23. If death was due to external cause (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) L. E. Wilhelm, M. D.
 (Address) 1010 Professional Bldg

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.

State of North Carolina

County of _____

Dr. _____