

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

Do not use this space.

8765

1. PLACE OF DEATH

County Jackson
Township Granville
City Sugar Creek Mo. (No. _____)

Registration District No. 398
Primary Registration District No. 0534

File No. _____
Registered No. 97
St. _____ Ward)

2. FULL NAME

Helen May Lettman

(a) Residence. No. Sugar Creek Mo. St. _____ Ward. _____

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 16 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Albert Lettman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9 - 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 4 7 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wp.
(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) Independence Jackson Co. Mo.

10. NAME OF FATHER Mrs. C. Tolson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Bedelia Dillmore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT (Address) Albert H. Lettman Sugar Creek Mo.

15. FILED July 5, 1928 F. L. HOOK REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 3 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1928, to March 2, 1928, that I last saw her alive on March 2, 1928, and that death occurred, on the date stated above, at 11 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

820 Paraplegia
Septic Infection from bed sores
(duration) _____ yrs. _____ mos. _____ da.
(SECONDARY) (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED **

IF NOT AT PLACE OF DEATH? ✓

0 DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) J. H. Hickerson, M. D.

March 3, 1928 (Address) Independence Mo.

*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 DATE OF BURIAL

Wood Grove March 5 1928

20. UNDERTAKER ADDRESS

Wm. Mitchell Independence Mo.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 6 1958

