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

Do not use this space.

10356

1. PLACE OF DEATH
County St. Francis — Registration District No. 773 — File No.
Township " " — Primary Registration District No. 6018A — Registered No. 44
City Near Farmington (No. ..... St. ..... Ward)

2. FULL NAME Helen M. Dativeiler
(a) Residence. No. Washington, 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 3 yrs. 7 mos. 23 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): Single
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown
7. AGE: Years 46 — Months ? — Days ? — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(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): Missouri
PARENTS
10. NAME OF FATHER: Adolph Dativeiler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown "
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): "
14. INFORMANT: Hospital Records
(Address) State " No. 4 - Farmington
15. FILED 3-19, 1928 B. J. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 17 1928
17. I HEREBY CERTIFY, That I attended deceased from April 1-1925, 1925, to March 17, 1928 that I last saw her alive on March 17, 1928, and that death occurred, on the date stated above, at 3:00 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93C 908 (duration) 3 yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) (duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) C. F. Hoctor, M. D.
3-18, 1928 (Address) Farmington, 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: Mo. Washington Mo — DATE OF BURIAL: 3/20 1928
20. UNDERTAKER: Neidert Hud Co — ADDRESS: Lyton Mo

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.