

Aug 23 1928

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

Do not use this space.

Sayers

1. PLACE OF DEATH

County *Greene* Registration District No. *320*
Township *Springfield* Primary Registration District No. *543*
City *Springfield* (No. *Elewood Mo Rte 1*) St. *Mo* Ward

File No. *123576*
Registered No. *535*

2. FULL NAME

Mrs. Adelaide Helzell
(a) Residence. No. *Elewood Rte 1* St. *Mo* Ward. (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *wh* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *wid*

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of *M.A. Helzell*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *April 26-1850*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 | *2* | *22* | *22*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *home*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Lincoln Mo*
(STATE OR COUNTRY)

10. NAME OF FATHER *Christian Perry*

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

12. MAIDEN NAME OF MOTHER *Elizabeth Wolf*

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

PARENTS

14. INFORMANT (Address) *C.E. Thunde Springfield Mo*

15. FILE *7-21-28* *Lacey E. Hoyer* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *7-18 1928*

17. I HEREBY CERTIFY, That I attended deceased from *June 1928* to *July 1928* that I last saw him alive on *July 15 1928*, and that death occurred, on the date stated above, at *11 A.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

probably cerebral hemorrhage
(duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) *arterio-sclerosis*
(duration) *3* yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) *J.D. Sayers*, M.D.
, 19 (Address) *623 Broadway*

*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 *ash grave Mo* DATE OF BURIAL *7-20 1928*

20. UNDERTAKER *Alvin Schumayer* ADDRESS *534 St. Louis*

11 11 11

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Greene Registration District No. 320 File No. 16
 Township Center Primary Registration District No. 5443 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Mrs Adelaide Selzell

(a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 26 - 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 2 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____ (duration) _____ yrs. _____ mos. _____ da.
 (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) _____

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER _____

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

14. INFORMANT _____ (Address) _____

15. FILED Aug 1 1928 Lucy E. Hoyal REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 18 1928

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, (that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH: _____ DATE OF: _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) _____, M. D.
 _____, 19____ (Address)

*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 _____

20. UNDERTAKER _____ ADDRESS _____

STATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

PARENTS

SUPPLEMENTARY

S-23576