1 22 1928

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

Do not use this space.

34588

1. PLACE OF DEATH
County: St. Francois Co. Registration District No.: 773
Township: St. Francois Primary Registration District No.: 6018A
City: Near Farmington (No. ..... St. ..... Ward)

File No. .....
Registered No. 143

2. FULL NAME: Mary I. Helm
(a) Residence. No. State Hospital #4- St., ... Ward. River Aux Vases, Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 5 mos. 8 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-10-66

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	11	26	

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) Lawrence County
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER Jones Bryan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Fannie Coria
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lawrence Co
(STATE OR COUNTRY) Illinois

14. INFORMANT Hospital Records-
(Address)

15. FILED Oct 8, 1928 B. J. Robinson
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 6 1928

17. I HEREBY CERTIFY, That I attended deceased from July 31, 1928, to Oct. 6, 1928
that I last saw her alive on Oct. 6, 1928, and that death occurred, on the date stated above, at 2:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Depressed phase of Manic Depressive Psychosis
122 B (Starvation)
84 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Paralytic Ileus - 3 days -
Manic Depres. Psych. (duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept 6-1928
WAS THERE AN AUTOPSY? No-
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Jno. B. Grubbs, M.D.
Oct 8, 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 Helena Cemetery DATE OF BURIAL Oct 8 1928
20. UNDERTAKER Farmington and Co ADDRESS Farmington 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.

THIS IS A PERMANENT RECORD