

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

Do not use this space.

21776

PLACE OF DEATH
 County Jackson Registration District No. 403
 Township Raytown Primary Registration District No. 4238
 City Raytown Mo. (No. Raytown Mo.) St. _____ Ward _____

2. FULL NAME Frank J. Helms
 (a) Residence. No. Raytown, 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
 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 Evelyn

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>47</u>	<u>7</u>	<u>6</u>	

8. OCCUPATION OF DECEASED Carrier K.P. Star Line
 (a) Trade, profession, or particular kind of work Raytown, Mo. Harris
 (b) General nature of industry, business, or establishment in which employed (or employer) for Meade Clinton Co.
 (c) Name of employer Box 382 Raytown Mo. P.D.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) unknown

10. NAME OF FATHER _____
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) unknown
 12. MAIDEN NAME OF MOTHER _____
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) unknown

14. INFORMANT Evelyn Helms
 (Address) Raytown Mo.

15. FILED 6/16 1929 W.W. Holbe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-15 1929 Saturday
 17. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

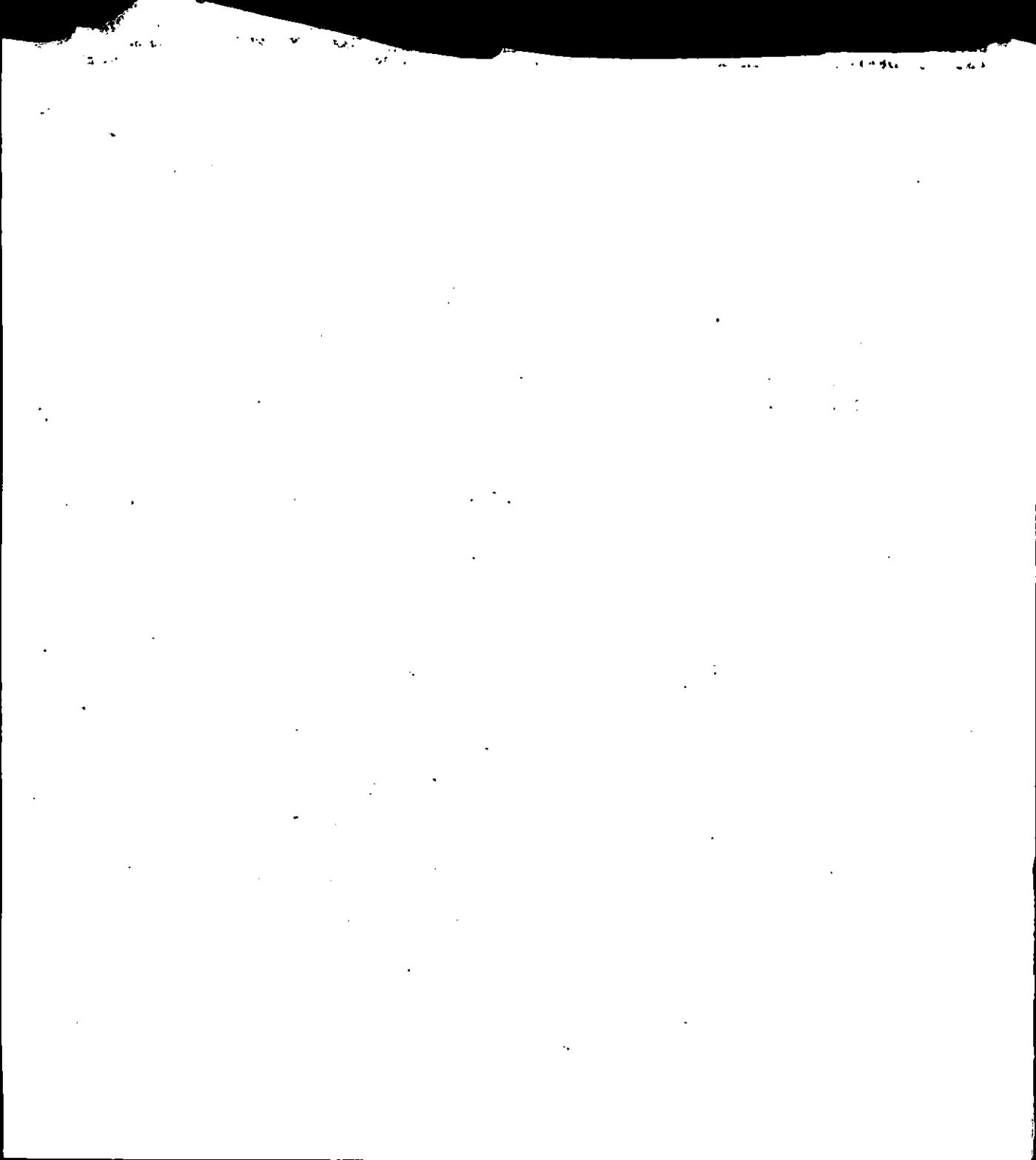
THE CAUSE OF DEATH* WAS AS FOLLOWS: 109. Homicide, firearm
173
 CONTRIBUTORY (SECONDARY) Shot by wife
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED At Home
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? Yes
 WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) Tracy B. Hilde, M. D.
6/16, 1929 (Address) Raytown, 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
<u>Mt. Moriah</u>	<u>June 1929</u>
20. UNDERTAKER	ADDRESS
<u>Eglar Funeral Home</u>	<u>1800 Linwood</u>

PHYSICIANS should file this certificate with the health department of the city or town in which the death occurred. If the death occurred in a rural district, file with the health department of the county. If the death occurred in a hospital, file with the health department of the city or town in which the hospital is located. If the death occurred in a nursing home, file with the health department of the city or town in which the nursing home is located. If the death occurred in a sanatorium, file with the health department of the city or town in which the sanatorium is located. If the death occurred in a prison, file with the health department of the city or town in which the prison is located. If the death occurred in a military hospital, file with the health department of the city or town in which the military hospital is located. If the death occurred in a naval hospital, file with the health department of the city or town in which the naval hospital is located. If the death occurred in an army hospital, file with the health department of the city or town in which the army hospital is located. If the death occurred in a marine hospital, file with the health department of the city or town in which the marine hospital is located. If the death occurred in an air force hospital, file with the health department of the city or town in which the air force hospital is located. If the death occurred in a coast guard hospital, file with the health department of the city or town in which the coast guard hospital is located. If the death occurred in a merchant marine hospital, file with the health department of the city or town in which the merchant marine hospital is located. If the death occurred in a hospital ship, file with the health department of the city or town in which the hospital ship is located. If the death occurred in a hospital for the insane, file with the health department of the city or town in which the hospital for the insane is located. If the death occurred in a hospital for the blind, file with the health department of the city or town in which the hospital for the blind is located. If the death occurred in a hospital for the deaf, file with the health department of the city or town in which the hospital for the deaf is located. If the death occurred in a hospital for the dumb, file with the health department of the city or town in which the hospital for the dumb is located. If the death occurred in a hospital for the feeble-minded, file with the health department of the city or town in which the hospital for the feeble-minded is located. If the death occurred in a hospital for the epileptic, file with the health department of the city or town in which the hospital for the epileptic is located. If the death occurred in a hospital for the paralytic, file with the health department of the city or town in which the hospital for the paralytic is located. If the death occurred in a hospital for the insane, file with the health department of the city or town in which the hospital for the insane is located. If the death occurred in a hospital for the blind, file with the health department of the city or town in which the hospital for the blind is located. If the death occurred in a hospital for the deaf, file with the health department of the city or town in which the hospital for the deaf is located. If the death occurred in a hospital for the dumb, file with the health department of the city or town in which the hospital for the dumb is located. If the death occurred in a hospital for the feeble-minded, file with the health department of the city or town in which the hospital for the feeble-minded is located. If the death occurred in a hospital for the epileptic, file with the health department of the city or town in which the hospital for the epileptic is located. If the death occurred in a hospital for the paralytic, file with the health department of the city or town in which the hospital for the paralytic is located.



**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 Jackson
Township Brookings
City (No.) (No.) St. Ward

Registration District No. 403
Primary Registration District No. 4238

File No.
Registered No. 15-
St. Ward

2. FULL NAME

(a) Residence. No. 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

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

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

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

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
- (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 6/17, 1929 W. W. Hobbs REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-15-1929

17. I HEREBY CERTIFY That I attended deceased from 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) with (duration) yrs. mos. ds.

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

E. J. Lunsford June 20, 1929

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-21776