

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

Do not use this space.

13078

*MAY 26 1930*

**1. PLACE OF DEATH**

County Jefferson  
Township Waller  
City (No. ....) .....

Registration District No. 420  
Primary Registration District No. 5574

File No. ....  
Registered No. 42  
St. .... Ward)

**2. FULL NAME** Hellen Girardier

(a) Residence. No. 6 Subing 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 29 - 1930

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

**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) Subing mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER J. P. Girardier

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

12. MAIDEN NAME OF MOTHER Whitworth

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

14. INFORMANT J. P. Girardier  
(Address)

15. FILED Apr 12 1930 D. L. Puyall REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11 5 PM 1930

17. March 29 HEREBY CERTIFY, That I attended deceased from March 29 1930, to April 11 1930

that I last saw her alive on 29 March 1930, and that death occurred, on the date stated above, at 5:00 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Premature birth

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (SECONDARY) none

(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) Walter Gibson, M. D.

Apr 12 1930 (Address) De Soto 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

Funerary

4/13 1930

20. UNDERTAKER

ADDRESS

Richardson Motherhead

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

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.

