

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

Do not use this space.

22242

1. PLACE OF DEATH
 County Cedar Registration District No. 163
 Township Box Primary Registration District No. 5228
 City Mary Etta Helso (No. _____) St. _____ Ward _____

2. FULL NAME Mary Etta Helso
 (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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 35

PERSONAL AND STATISTICAL PARTICULARS

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hiram Helso.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 25 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 8 4

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. at home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-29 1930

17. I HEREBY CERTIFY, That I attended deceased from 7-25 1930 to July 29 1930 that I last saw her alive on July 24 1930 and that death occurred, on the date stated above, at 7:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
arteriosclerosis

97

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 9/10
 (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Ky.
 (STATE OR COUNTRY)

10. NAME OF FATHER Joseph Proctor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER unknown

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

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) L. T. Dunaway, M.D.
7/30 1930 (Address) El Dorado, 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.

14. INFORMANT Joe Helso
 (Address) Trenton - Mo.

15. FILED 7-30-1930 J.W. Dawson
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL East, Mo
 DATE OF BURIAL 7/31 1930

20. UNDERTAKER Quinn Sifers, El Dorado, Mo
 ADDRESS _____

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.

FILED 6-14-30

