

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

Do not use this space.

40075

PLACE OF DEATH *Marie*

County *Miller*

Township *Miller*

City (No. City St. Ward)

Registration District No. *1040*

Primary Registration District No. *6276*

File No.

Registered No. *12*

2. FULL NAME *Lawrence Curtis Helton*

(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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

*Male*

4. COLOR OR RACE

*white*

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) *Nov. 14. 1930*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*1*

*6*

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) *Marie Co*  
(STATE OR COUNTRY) *Mo*

10. NAME OF FATHER *Geo. Helton*

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

12. MAIDEN NAME OF MOTHER *Jewel Sloan*

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

14. INFORMANT *Adriane Sloan*  
(Address) *Sudheimer Mo*

15. FILED *1-8-31* *Wm Wimpelman*  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec. 20 1930*

17. I HEREBY CERTIFY, That I attended deceased from *Dec 10* 1930, to *Dec 20* 1930, and that I last saw him *see not see him but gave medicine* alive on *19*, and that death occurred, on the date stated above, at *3:30 P. m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Cholera Infantum*  
*119A*

(duration) yrs. mos. *14* ds.

CONTRIBUTORY (SECONDARY)

*113W*  
(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) *W. L. Dow Green* M. D.

, 19 (Address) *Theria 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

*Lawson Cem*

*Dec 21 1930*

20. UNDERTAKER

*Will Barchert*

ADDRESS

*Sudheimer 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.

20 1930

