

MAR 24 1931

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

Do not use this space.

5233

2

1. PLACE OF DEATH

39 County **CENTER & GREENE**
Township **CENTER**
City..... (No..... St..... Ward)

Registration District No. **320**
Primary Registration District No. **5443**

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

2. FULL NAME **MARTHA P. HELEMS**

(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 **FEMALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **WIDOW**
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **WIDOW OF HENRY HELEMS**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **FEB 26 1854**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 11 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Retired house wife**
(b) General nature of industry, business, or establishment in which employed (or employer) **235**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **MISSOURI 1**10. NAME OF FATHER **ALLEN ROSE**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **DONT KNOW 31**12. MAIDEN NAME OF MOTHER **DONT KNOW**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **MISSOURI 1**

14. INFORMANT

Ellen Johnson
(Address) **Paris, Mo.**

15. FILED

3/3 1931 **Lucy E. Hoyal**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb 20 1931**

I HEREBY CERTIFY, That I attended deceased from **July 1 1931** to **Feb 20 1931**, that I last saw him alive on **Feb 13 1931**, and that death occurred, on the date stated above, at **1:40 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Drapsey
95 B 95 B
(duration) **3** yrs. mos. ds.
CONTRIBUTORY **Myocardic Condition**
(SECONDARY) **of heart** (duration) **5** yrs. mos. ds.

17. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH **at New Haven**DID AN OPERATION PRECEDE DEATH? **no** DATE OF **1**WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **Ambrose E. Potter**, M. D.**2-21 1931** (Address) **Springfield, 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

Peopley Chapel **2/21 1931**

20. UNDERTAKER

ADDRESS

RE Harmon **Republic**

N. E.—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.

