

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

Do not use this space.

501

1. PLACE OF DEATH

County Clay Registration District No. 198
 Township Licking River Primary Registration District No. 3011
 City W. Springfield, Mo. (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 13

2. FULL NAME

(a) Residence, No. Bristle Okla. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 29, 1896

7. AGE YEARS 35 MONTHS 10 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

13. NAME W. A. A. Helms

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

15. MAIDEN NAME Faulk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT Stanley Learned (ADDRESS) 1301 Chester, Bartlesville, Okla.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bartlesville, Okla. DATE Jan 25, 1932

19. UNDERTAKER (ADDRESS) Herbert Hope, Ex. 414, Bartlesville, Mo.

20. FILED Jan 29, 1932 J. D. Craven Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-21, 1932, to 1-23, 1932

I last saw him alive on 1-23, 1932 Death is said to have occurred on the date stated above, at 7:50 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance: Secondary Syphilis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1932

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? n

If so, specify _____

(Signed) St. M. Cracker, M. D.

(Address) Ex. 414, Bartlesville, Mo.

FEB 23 1932

