

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

Do not use this space.

2001

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.

FEB 24 1932

1. PLACE OF DEATH
 39 County Greene Registration District No. 318
 3 Township _____ Primary Registration District No. 2001
 5 City Springfield Mo. 914 State _____
 2. FULL NAME Helen Fernston
 (a) Residence. No. 725 Lexington 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. 44
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. R. Fernston
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 9 - 1867
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 64 9 16
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Nurse 235
 (b) General nature of industry, business, or establishment in which employed (or employer) 73
82
 (c) Name of employer 97
 9. BIRTHPLACE (CITY OR TOWN) Subligan
 (STATE OR COUNTRY) Indiana
 10. NAME OF FATHER Samuel Sinclair
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) No data
 (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER Barbara Willis
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No data
 (STATE OR COUNTRY) _____
 14. INFORMANT J. R. Fernston
 (Address) 725 Lexington
 15. FILED 16, 1932 For Sharp
 REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 15th - 1932
 17. I HEREBY CERTIFY, That I attended deceased from About 1928, to Jan 15th, 1932
 that I last saw him alive on Jan 15th, 1932 and that death occurred, on the date stated above, at 5:45 P.M.
 THE CAUSE OF DEATH WAS AS FOLLOWS:
General Arterio Sclerosis Chronic Myocarditis Hypertension
 (duration) about 4 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Coronal hemorrhage
 (duration) only few minutes yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) C. B. Kistner, M. D.
 , 19 (Address) 318 1/2 College
 *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 Payne Cem. DATE OF BURIAL Jan. 17 1932
 20. UNDERTAKER Alma Schmeyer ADDRESS 534 St. Louis

