

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.

OCT 25 1932

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

Do not use this space.

28804

1. PLACE OF DEATH  
 26 County EMERY Cole Registration District No. 212  
 Township Clark Primary Registration District No. 5292  
 City..... (No....., .....St. ....Ward)

2. FULL NAME Mary Ellen Helton  
 (a) Residence, No. Eugene, Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10th, 1932

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>0</u>	<u>0</u>	<u>6</u>	

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

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

12. BIRTHPLACE (CITY OR TOWN) Eugene (STATE OR COUNTRY) Missouri.

13. NAME Otto Helton

14. BIRTHPLACE (CITY OR TOWN) Tuscumbia (STATE OR COUNTRY) Missouri.

15. MAIDEN NAME Lucile Enloe

16. BIRTHPLACE (CITY OR TOWN) Eugene (STATE OR COUNTRY) Missouri

17. INFORMANT Isaac Enloe (ADDRESS) Eugene, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Carmel Cem. DATE Sept. 17th, 1932

19. UNDERTAKER G. N. Steffens (ADDRESS) Russellville, Mo.

20. FILED Oct 10, 1932 Leona C. Glavin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16th, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1932 to Sept 16, 1932. I last saw her alive on Sept 14, 1932. Death is said to have occurred on the date stated above, at 8:30 P.m.

The principal cause of death and related causes of importance were as follows:  
Congenital Hypertrophic Stenosis of Pylorus Date of onset 1570 as bill

Other contributory causes of importance: 1570

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....., 19.....  
 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?.....  
 If so, specify.....  
 (Signed) W. L. Leslie, M. D.  
 (Address) Russellville, Mo

