

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.

UGT 26 1932

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

Do not use this space.

29558

1. PLACE OF DEATH
 49 County Jasper Registration District No. 411
 2 Township Salina Primary Registration District No. 2002
 3 City Jordan St. _____ Ward)

2. FULL NAME
 (a) Residence, No. 1607 Chulavilla
 (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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 15

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) (STATE OR COUNTRY) Jasper MO

13. NAME Ascah Helrick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper MO

15. MAIDEN NAME Martha Starne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marbury Kansas

17. INFORMANT (ADDRESS) Ascah Helrick

18. BURIAL, CREMATION, OR REMOVAL PLACE Place DATE 9-5-32

19. UNDERTAKER (ADDRESS) W. L. ...

20. FILED 9/5-1932 W. L. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 32

22. I HEREBY CERTIFY That I attended deceased from Sept 4-1932 to Sept 4-1932
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 11-P m.
 The principal cause of death and related causes of importance were as follows:
Remained still birth
159
9
 Other contributory causes of importance:
 (1)

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. ..., M. D.
 (Address) Physician

