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 28 1932

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

Do not use this space.

29952

File No.

Registered No.

1. PLACE OF DEATH

County Osage Registration District No. 639

Township ~~Crawford~~ Benton Primary Registration District No. 5848

City (No. , St. Ward)

2. FULL NAME John Helming

(a) Residence. No. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	White	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 18th 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
73	8	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mt sterling
(STATE OR COUNTRY) Gasconade Mo 10

PARENTS

10. NAME OF FATHER Fred Helming

11. BIRTHPLACE OF FATHER (CITY OR TOWN) dont know
(STATE OR COUNTRY) Illinois 2

12. MAIDEN NAME OF MOTHER Caroline Bude

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bay
(STATE OR COUNTRY) Gasconade Mo 1

14. INFORMANT Mrs Arthur Smith
(Address) 1716 Elm St

15. FILED 9/14, 1932 Esther Sonder
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 8 1932

17. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1932, to Sept 8, 1932 that I last saw him alive on Sept 8, 1932, and that death occurred, on the date stated above, at 9.30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency
9VA
(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 92A
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH (1)
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Howard Workman, M. D.
, 19 (Address) Pershing

*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
Clary Cemetary Morrison Mo	9-10 1932
20. UNDERTAKER	**ADDRESS**
Arnold Hummert	Morrison Mo