

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

Do not use this space.

32950

1. PLACE OF DEATH  
 7 County St. Louis Registration District No. 569  
 Township Chib Primary Registration District No. 5-765  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Hellen Marie Deal  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE Col 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) Sept 26 - 1931

7. AGE YEARS 1 MONTHS \_\_\_\_\_ DAYS 16 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Wyatt mo

13. NAME Isaac Deal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Ark

15. MAIDEN NAME Flores Marie Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Ky

17. INFORMANT (ADDRESS) Isaac Deal Wyatt mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Rush Bldg DATE 11/12 1932

19. UNDERTAKER (ADDRESS) Isaac Deal Wyatt mo

20. FILED Oct-12 1932 R Marshall  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-12 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct-1 1932, to Oct-12 1932.  
 I last saw him alive on Oct-1 1932. Death is said to have occurred on the date stated above, at 1 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Whooping cough  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: (1)

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis Clyn Was there an autopsy? no

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) R Marshall M. D.  
 (Address) Wyatt mo

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.

JAN 9 1933

