

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

Do not use this space.

13022

PLACE OF DEATH

County Greene
Township Greene
City Greentown (No. _____) St. _____ Ward _____

Registration District No. 326
Primary Registration District No. 6452

File No. 85
Registered No. 64

2. FULL NAME

Nevada HELEMAN BOLLAR
(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 30 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11th 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 1 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper 131

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 142

10. Date deceased last worked at this occupation (month and year) 7th March 1932 11. Total time (year) spent in this occupation _____

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

13. NAME Wm. St. Helmsdollar

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Mary McDutchie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Herman Helmsdollar
(ADDRESS) Greentown, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE To of Camp, Cleburne DATE _____ 19 _____

19. UNDERTAKER Davis Funeral Home, Mo
(ADDRESS) Raymond Ave 7342

20. FILED Apr 9 1933 Anna N. Price
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1932, to May 1933

I last saw him/her alive on May 10, 1933 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

December 1931 Date of onset
Chronic Nephritis 12-31
Hypertension

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Clin 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? no
If so, specify _____

(Signed) Wm. A. Tuxson, M. D.

(Address) 905 1/2 Main Greentown 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.

APR 21 1933

231

