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.

JUN 20 1933

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

Do not use this space.

File No. 15737

Registered No. 508

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH

County: Buchanan

Township:

City: St. Joseph, (No. 2729 So. 21st. St. St. Ward)

2. FULL NAME: James Helme

(a) Residence, No. 2729 So. 21st. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

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): May, 15, 1890

7. AGE: Years 43 | Months 0 | Days 0 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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): Feb. 1933

11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Mo.

FATHER

13. NAME: John Helme

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown England.

MOTHER

15. MAIDEN NAME: Anna Hautzenrader

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

17. INFORMANT (ADDRESS): Mr. Arthur E. Small St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ashland Cemetery DATE: May, 16, 1933.

19. UNDERTAKER (ADDRESS): Walter Meierkotter 1302 Faraon St. St. Joseph, Mo.

20. FILED: 5-17-, 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May, 15, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1933, to May 15, 1933, I last saw him alive on May 15, 1933. Death is said to have occurred on the date stated above, at 6.30 P.M.

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

	Date of onset
Chronic Bright's disease	

Other contributory causes of importance:

none

Name of operation: Date of:

What test confirmed diagnosis? 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) B. W. Trachsler, M. D.

(Address) Phys. & Surg. Bldg, St. Joseph, Mo.