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

Do not use this space.

19046

1. PLACE OF DEATH

12 County Butler — Registration District No. 90 — File No.

Township Ash hill — Primary Registration District No. 57346 — Registered No. 10

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Anna Jean Helvey

(a) Residence, No. 2 Mi W. Quilin Mo. ..... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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): Oct 31-1929

7. AGE: YEARS 3 — MONTHS 7 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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): Butler Co Mo

FATHER

13. NAME: Herman Helvey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Reynolds Co Mo

MOTHER

15. MAIDEN NAME: Sadie Collins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ripley Co Mo

17. INFORMANT (ADDRESS): Herman Helvey Quilin Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellville Cem. DATE June 20, 1933

19. UNDERTAKER (ADDRESS): V. T. Phelps Caplan Bluff Mo.

20. FILED 6-20, 1933 Nora J Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1933, to June 19, 1933
I last saw her alive on June 19, 1933. Death is said to have occurred on the date stated above, at 7:30 p m.
The principal cause of death and related causes of importance were as follows:

Malaria — Date of onset 6-10-33

38 38

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical symptoms 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) Wm Henrichson, M. D.
(Address) Caplan Bluff Mo

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.

PLAINLY, WITH UNFADING ... IS A PERMANENT RECORD

AUG 28 1933