

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

Do not use this space.

1. PLACE OF DEATH

12 County Bedford Registration District No. 90
 Township Ash Hill Primary Registration District No. 3734A
 City W. M. Paulin (No. _____) _____ St. _____ Ward _____

File No. 19047
 Registered No. 11

2. FULL NAME

Patricia Arnette Helvey
 (a) Residence, No. 2 W. M. Paulin _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 4-1932</u>				
7. AGE	YEARS —	MONTHS <u>10</u>	DAYS <u>25</u>	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) <u>Butler Co Mo</u>				
FATHER	13. NAME <u>Herman Helvey</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Peru Mo</u>			
MOTHER	15. MAIDEN NAME <u>Ladie Collins</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Riversley Co Mo</u>			
17. INFORMANT (ADDRESS) <u>Herman Helvey Paulin Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bedford Cem</u> DATE <u>June 30, 1933</u>				
19. UNDERTAKER (ADDRESS) <u>Dr. P. Phelps Pussan Bedford Mo</u>				
20. FILED <u>7-7-33</u> <u>Nora J. Smith</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

2 **21. DATE OF DEATH (MONTH, DAY, AND YEAR)** June 29, 1933

I HEREBY CERTIFY, That I attended deceased from June 20, 1933, to June 29, 1933.
 I last saw her alive on June 28, 1933. Death is said to have occurred on the date stated above, at 4:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Malaise
119B
11910
28
 Other contributory causes of importance:
Insanity
 Date of onset 6-7-33
6-5-33

Name of operation _____ **Date of** _____
What test confirmed diagnosis? _____ **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) [Signature], M. D.
 (Address) 875 Bluff 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.

AUG 20 1933

for 2000-2001