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.

OCT 20 1933

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

Do not use this space.

28862

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001 — File No.

City St Joseph (No. Mo Methodist Hospital St. Ward) — Registered No. 972

11 5 9

2. FULL NAME Geprge W Hellums

(a) Residence, No. St., Ward. ~~R R #3~~ (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	79	2	20	

OCCUPATION

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

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) unknown Indiana

FATHER

13. NAME David Hellums

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown unk

MOTHER

15. MAIDEN NAME Martha ?

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

17. INFORMANT (ADDRESS) G. E. Hellums St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE Oct 2 1933

19. UNDERTAKER (ADDRESS) Fleeman Mortuary Inc 1946 Colhoun

20. FILED ..., 19... John R Benders Registrar.

OCT 8 1933

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933, to 9-30, 1933. I last saw him alive on 9-30, 1933. Death is said to have occurred on the date stated above, at 12 Noon

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

	Date of onset
Sept 1st 1933 — Fracture of femur 186A 194B 97	
Other contributory causes of importance: Arteriosclerosis. Decubitus. Sepsis.	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 9-1, 1933

Where did injury occur? St Joseph Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fell on floor

Nature of injury Fracture of femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Paul Forgrave, M. D.

(Address) St Joseph Mo.