

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

Do not use this space.

31957

1. PLACE OF DEATH

County Stone
Township Union
City (No.)

Registration District No. 846
Primary Registration District No. 6110

File No. _____
Registered No. 17
St. _____ Ward _____

2. FULL NAME

Tommy Helton

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Perry Lee Helton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20 1882

7. AGE YEARS 80 MONTHS 11 DAYS 22 IF LESS than 1 day, _____ hrs. or _____ min.

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) Tenn

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT Ray Allhands (ADDRESS) 1414 W. 1st St. Chicago, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wrights cmt. DATE Sept. 14 - 1933

19. UNDERTAKER T. W. Meple (ADDRESS) Cherry St. Chicago, Ill.

20. FILED 10-10-1933 H. G. Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1933 to Sept 9 - 13 1933

I last saw him alive on Sept 9 1933 Death is said to have occurred on the date stated above, at 10:35 a.m.

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

Sarcoma of P. bladder and prostate
5/1
Other contributory causes of importance: 5/1

Date of onset Aug 14 1933

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) J. R. Donahy, M. D.
(Address) 1414 W. 1st St. Chicago, Ill.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

2
31

