

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.

NOV 10 1933

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

Do not use this space.

32371

1. PLACE OF DEATH  
 14 County Callaway Registration District No. 104  
 2 Township Fulton Primary Registration District No. 3008  
 7 City Fulton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME William Henry Helms  
 (a) Residence, No. \_\_\_\_\_ 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>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 24, 1854</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>8</u>
	DAYS <u>7</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lumberman</u>	
	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 _____
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>	
	13. NAME <u>James Helms</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>	
	15. MAIDEN NAME <u>Phoebe Ann Wait</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>	
	17. INFORMANT <u>Mr. Geo. T. Taylor</u> (ADDRESS) <u>Osage, Tenn.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis, Mo.</u> DATE <u>Nov 3, 1933</u>		
19. UNDERTAKER <u>Geo. J. Wallace</u> (ADDRESS) <u>Fulton, Mo.</u>		
20. FILED <u>Nov 2, 1933</u> <u>R. M. Crease</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1933, to Oct. 31, 1933  
 I last saw him alive on Oct. 31, 1933. Death is said to have occurred on the date stated above, at 2 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Apoplexy - cerebral  
Chronic Myocarditis  
Arterio Sclerosis  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_  
 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) R. M. Crease, M. D.  
 (Address) Fulton, Mo.

