

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

Do not use this space.

**1. PLACE OF DEATH**

County Jasper  
Township Galena  
City Joplin (No. Freeman Hospital)

Registration District No. 411  
Primary Registration District No. 2002

File No. 33451  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Rural Route St. \_\_\_\_\_ Ward. Medoc, Mo  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 24, 1894  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 39 7 6

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) 10/28/33 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cherokee, Kans

13. NAME Washington Helms  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co., Iowa

15. MAIDEN NAME Rebecca Gorge  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winterset, Iowa

17. INFORMANT Mrs. Eula Helms  
(ADDRESS) Medoc, Mo

18. BURIAL, CREMATION, OR REMOVAL Nashville Cem. DATE Oct. 31, 1933

19. UNDERTAKER Lambert Mortuary  
(ADDRESS) Joplin, Missouri

20. FILED 10-30-33 Ed D Jones  
Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from 10/28, 1933 to 10/29, 1933.  
I last saw him alive on 10/29, 1933 Death is said to have occurred on the date stated above, at 5:15 pm.  
The principal cause of death and related causes of importance were as follows:

Perforated Duodenal Ulcer Peritonitis  
Other contributory causes of importance: 11.7 B 17.0 B 13.9

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) E. N. Jones, M. D.  
(Address) Joplin, 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.

NOV 10 1933

