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.

JAN 3 1934

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

Do not use this space.

35900

1. PLACE OF DEATH

16 County Cape Girardeau — Registration District No. 125 — File No.

6 Township " " — Primary Registration District No. 3009 — Registered No. 291

8 City " " (No. 227 S. Spring St. Ward)

2. FULL NAME Arthur M. Helderman

(a) Residence, No. 227 S Spring St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louise Rubel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug-25-1897

7. AGE: 36 YEARS, 3 MONTHS, 5 DAYS. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tobacco Twister
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Roth Tobacco Co
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): Campbell Mo

FATHER

13. NAME: Wm A Helderman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vinsando Md.

MOTHER

15. MAIDEN NAME: Sara Autrey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Green Co Ark

17. INFORMANT (ADDRESS): Silas M Helderman, Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairmont Cemt DATE 12-3 1933

19. UNDERTAKER (ADDRESS): Hamann's Funeral Home, Cape Girardeau Mo

20. FILED 12/3 1933 W C Kaufman Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov-30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1933, to Nov 30, 1933

I last saw him alive on Nov 29, 1933 Death is said to have occurred on the date stated above, at 12:15 a.m.

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

Acute Endocarditis — Date of onset
91A
1320

Other contributory causes of importance:
Albuminuria
Dropsy

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) Chas H Kinsey, M. D.
(Address) Cape Girardeau Mo