

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

Do not use this space.

MAR 24 1934

4638

1. PLACE OF DEATH

County Greene
Township Jackson
City Stafford, Mo. (No. _____)

Registration District No. 944
Primary Registration District No. 54471B

File No. 2
Registered No. 2
St. _____ Ward _____

2. FULL NAME

Arnold L. Helton

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

Length of residence in city or town where death occurred 0 yrs. 1 mos. 7 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ollie E. Helton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 29-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 10 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tourist Camp Prop.

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) Feb 3, 1934 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co., Mo.

MOTHER 13. NAME Arnold Helton

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

15. MAIDEN NAME Rhoda Yeakley

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

17. INFORMANT Cloyd Helton (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Prospect Cem. DATE Feb. 13, 1934

19. UNDERTAKER R. G. Thurman (ADDRESS) Republic, Mo.

20. FILED 2/11 19 34 Clyde Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1934, to Feb 11, 1934
I last saw him alive on Feb 10, 1934 Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia 2/28/34
107A
107A

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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. H. Felt M. D.
(Address) Stafford Mo

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.

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