

OCT 18 1934

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

Do not use this space.

33390

1. PLACE OF DEATH

County Marion
Township Jackson
City (No.)

Registration District No. 542
Primary Registration District No. 5731

File No. 47
Registered No. 7
St. Ward

2. FULL NAME

Unnamed Helton

(a) Residence, No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred Y yrs. X mos. X ds. ^{6 hrs.} 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4 - 1934
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 6 hrs. or X min.
X X X

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) Vienna Missouri
(STATE OR COUNTRY)13. NAME Vernon A. Helton14. BIRTHPLACE (CITY OR TOWN) Marion Co. Missouri
(STATE OR COUNTRY)15. MAIDEN NAME Ethel Martin16. BIRTHPLACE (CITY OR TOWN) Marion Co. Mo.
(STATE OR COUNTRY)17. INFORMANT Vernon Helton
(ADDRESS) Vienna Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Vienna, Mo. DATE Sept 5 193419. UNDERTAKER Ernest Hillispiel
(ADDRESS)20. FILED 9/20 19 34 Foreman W. Gads
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4 1934

22. I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19 .I last saw him alive on , 19 . Death is saidto have occurred on the date stated above, at 11:30 a.m.

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

Premature birth, lack of medical care, Birth and death without medical attendance

Date of onset

Other contributory causes of importance:

Name of operation Date of XWhat test confirmed diagnosis? X Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19 Where did injury occur? X
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury XNature of injury X24. Was disease or injury in any way related to occupation of deceased? XIf so, specify (Signed) Donley Gyles, Co. Health Officer(Address)

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.

