

NOV 19 1934

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

Do not use this space.

1. PLACE OF DEATH

County Springfield Registration District No. 312 File No. 35708
Township Jacksboro Primary Registration District No. 5431A Registered No. 41
City (No.) St. Ward

2. FULL NAME Mrs. Jennie May Helton

(a) Residence, No. 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 Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

SA-IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OR (OR) WIFE OF Thos. Helton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 6 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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 ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Mo

13. NAME John Endsley

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

15. MAIDEN NAME Mary Jane Brick

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

17. INFORMANT (ADDRESS) Albert Helton, Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Springfield, Mo. 10/11/34

19. UNDERTAKER (ADDRESS) Robert H. Pyle, Springfield, Mo.

20. FILED 10/10 1934 A. W. Purpette Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 9 1934

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1934 to October 9, 1934

I last saw her alive on October 9, 1934 Death is said

to have occurred on the date stated above, at 1045 P. m.

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

Cerebral Hemorrhage Date of onset Oct 9

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

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?

If so, specify

(Signed) R. J. Sullivan, M. D.

(Address) Springfield, 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.

Dr. Milligan