

JUN 20 1935

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No.)

File No.

Registered No.

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. UNDERTAKER (ADDRESS)

20. FILED

5-29-35

R. W. Tangeler

Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from

May 6, 1935, to May 28, 1935

I last saw her alive on May 28, 1935. Death is said

to have occurred on the date stated above, at 3:45 p. m.

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

Date of onset

Acute Compensating Lung
Broncho Pneumonia

Other contributory causes of importance:

Gaunition
Duch obstruction

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

Where did injury occur

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)

(Address)

M. D.

Cause of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

322

16193

318

2001

108

Alice Hellman

1500 Parkview St.

Small White woman

Unknown
About 74y

None

Kansas

Thomas White

Mo

Unknown

None

None

Placed in casket May 5-29-35

Funeral Home

5-29-35 R. W. Tangeler Registrar

Acute Compensating Lung
Broncho Pneumonia
Gaunition
Duch obstruction
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
Where did injury occur
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) M. D.
(Address) 224 Sanders B.

