

AUG 14 1935

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

Do not use this space.

22514

File No.
Registered No. 228
St. Ward)

1. PLACE OF DEATH

County Bole Registration District No. 213

Township

Primary Registration District No. 3014City Jefferson City(No. Saint Mary's Hospital)

St. Ward)

2. FULL NAME Miss Helen Heet(a) Residence, No. 700, Mo. St., Ward.

(Usual place of abode)

(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

MEDICAL CERTIFICATE OF DEATH

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 2 - 19147. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 5 188. 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) 700, Mo. (STATE OR COUNTRY)13. NAME Ben Heet14. BIRTHPLACE (CITY OR TOWN) Bole County, Mo. (STATE OR COUNTRY)15. MAIDEN NAME Elizabeth Dinckel16. BIRTHPLACE (CITY OR TOWN) 700, Mo. (STATE OR COUNTRY)17. INFORMANT Ben Heet (ADDRESS) 700, Mo.

18. BURIAL, CREATION, OR REMOVAL

PLACE 700, Mo. DATE July 22 193519. UNDERTAKER Hainjachs Funeral Home (ADDRESS) Jefferson City, Mo.20. FILED 7/26/1935 Dr. Besford Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1935I HEREBY CERTIFY That I attended deceased from July 10 1935, to July 20 1935. I last saw her alive on July 19 1935. Death is said to have occurred on the date stated above, at 4:30 A.

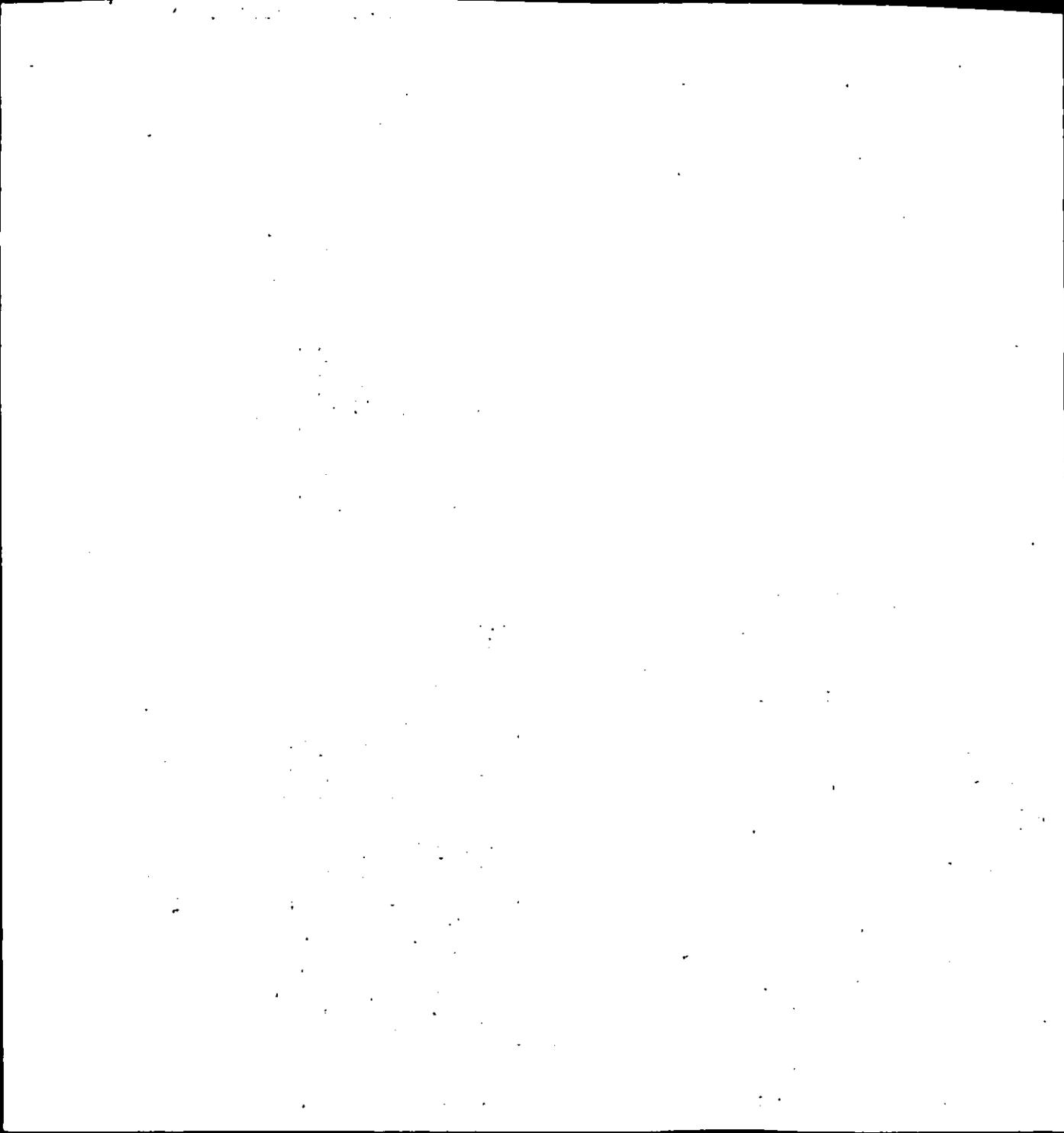
The principal cause of death and related causes of importance were as follows:

Encephalitis Date of onset

Other contributory causes of importance:

Name of operation Spinal fluid Date of
What test confirmed diagnosis? Was there an autopsy? no23. 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 injury24. Was disease or injury in any way related to occupation of deceased? no
If so, specify(Signed) L. A. T. Meyer, M. D.(Address) Jefferson City Mo

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



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
Do not use this space
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cole Registration District No. 213
Township Jefferson City Primary Registration District No. 3914
City St. Marys Hosp No. _____ St. _____ Ward _____

File No. _____
Registered No. 228
St. _____ Ward _____

2. FULL NAME

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

3. SEX F 4. COLOR OR RACE W 5. SINGLE (MARRIED, WIDOWED, OR DIVORCED) S
(write 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 LESS than 1 day, hrs. or min.
21 5 5

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

9. Industry or business in which work was done, as 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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 7/20/1935 Amberford M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

encephalitis Date of onset _____

Other contributory causes of importance: non-epidemic

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? _____

If so, specify _____

(Signed) L. J. Meyer, M. D.

(Address) Jefferson City

SEP 2 1936

S-22514

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