AUG 21 1935

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

Do not use this space.

24067

1. PLACE OF DEATH
County Platte — Registration District No. 693 — File No.
Township Preston — Primary Registration District No. 5920 — Registered No.
City (No. , St. Ward)

2. FULL NAME Larry Joe Hellyer
(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 male
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) June 29, 1935
7. AGE YEARS MONTHS DAYS 2 If LESS than 1 day, hrs. or min.

OCCUPATION
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) Platte Co. Mo.

FATHER
13. NAME Earl Hellyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co. Mo.

MOTHER
15. MAIDEN NAME Callie Petitt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co. Mo.

17. INFORMANT (ADDRESS) Earl Hellyer Smithville, Mo.
18. BURIAL, CREMATION, OR REMOVAL Smith Cem. Platte Co. Mo. DATE 7-2-1935
19. UNDERTAKER (ADDRESS) McConnas Mortuary Smithville, Mo.
20. FILED 8/8 1935 Vivian Nash Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-1-1935
22. I HEREBY CERTIFY, That I attended deceased from 6-29-1935, to 7-1-1935
I last saw him alive on 7-1-1935. Death is said to have occurred on the date stated above, at 5:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute bronchopneumonia	6-30-35
Other contributory causes of importance: Delayed labor (pelvic dystocia) + mid-forceps delivery	6-29-35

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) Alexander Braze, M. D.
(Address) Smithville, 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.