

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

Do not use this space.

1. PLACE OF DEATH *Dec 19 1935*
 County *Jackson* Registration District No. *398*
 Township *Blue* Primary Registration District No. *5554*
 City *Farmington* (No. *533 Cedar*) St. _____ Ward _____
 File No. *35965*
 Registered No. *362*

2. FULL NAME *Helena Arment*
 (a) Residence, No. *533 Cedar* 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) *Widowed*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Widowed*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 19-1880*
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
55 4 4
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House work*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*
 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) *Witchell Tex Kansas*
 MOTHER 13. NAME *Walter Howard*
 FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wenona Missouri*
 15. MAIDEN NAME *Agnes Summers*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Van County Kansas*
 17. INFORMANT *John Howard*
 (ADDRESS) *533 Cedar Ave*
 18. BURIAL, CREMATION, OR REMOVAL *Funerary Home*
 PLACE *Springfield Mo* DATE *Nov 24 35*
 19. UNDERTAKER *Funerary Home*
 (ADDRESS) *Springfield Mo*
 20. FILED *11-25-35* *F. L. Cook*
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 23 1935*
 22. I HEREBY CERTIFY, That I attended deceased from *Nov 22 1935* to *Nov 23 1935*
 I last saw her alive on *Nov 22 1935*. Death is said to have occurred on the date stated above, at *3:26 a.m.*
 The principal cause of death and related causes of importance were as follows:
Coronary Embolism
 Other contributory causes of importance *None*
 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) *Fred W. Gunk* _____, M. D.
 (Address) *Sugar Creek 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.

3-1-35

FEB 5 1945

FEB 5 1945