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.

JAN 21 1936

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

Do not use this space.
42146

1. PLACE OF DEATH
County Scott — Registration District No. 821 — File No.
Township — Primary Registration District No. 4553 — Registered No.
City Sikeston (No. , St. Ward)

2. FULL NAME Charles Richard Helms

(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: Male
4. COLOR OR RACE: White
5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2, 1935

7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, 9 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Sikeston, Mo.

FATHER
13. NAME Everett Helms
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Matthews Mo

MOTHER
15. MAIDEN NAME Millie Skalsky
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marston Mo.

17. INFORMANT (ADDRESS) Everett Helms Sikeston Mo

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
PLACE Matthews Mo. DATE Dec 3 1935

19. UNDERTAKER (ADDRESS)

20. FILED Dec 3, 1935 G. W. Prewitt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1935, to Dec. 2, 1935
I last saw him alive on Dec. 2, 1935. Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
atelectasis, congenital	Dec 2 1935

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) G. W. Prewitt, M. D.
(Address) Sikeston, Missouri