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.

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

Do not use this space.

344

FEB 18 1936

1. PLACE OF DEATH
County Buchanan
Township Wayne
City ~~Halls~~ (No. R. R. # 2, ... St. ..... Ward)

Registration District No. 86
Primary Registration District No. 5128

File No. .....
Registered No. 7

2. FULL NAME Helen Bernice Hisel

(a) Residence, No. Halls Mo. R. R. # 2 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: 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) Dec. 22, 1921

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
14	1	2	

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) Buchanan Co. Missouri

FATHER
13. NAME Harry Hisel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Missouri

MOTHER
15. MAIDEN NAME Opal Calhoun
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co. Missouri

17. INFORMANT (ADDRESS) Mrs. Harry Hisel, Halls Mo. R. R. # 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE De Kalb, Mo DATE Jan. 26, 1936

19. UNDERTAKER (ADDRESS) Clark Mortuary 5025 King Hill Ave.

20. FILED Jan 25 1936 J. J. Bansloch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ~~Dec.~~ Jan 24, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1936, to Jan 24, 1936
I last saw her alive on Jan 22, 1936. Death is said to have occurred on the date stated above, at 3:15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-20-36

Other contributory causes of importance:

108

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) J. W. McAdow, M. D.
(Address) De Kalb, Mo.