JAN 17 1936

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

Do not use this space.

1059

1. PLACE OF DEATH Holt
County ~~Nodaway~~ Registration District No. 371 File No.
Township Clear Primary Registration District No. 4217 Registered No. 10
City Maitland (No. St. Ward)

2. FULL NAME David Allen Helvin.

(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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Helvin.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4, 1850

7. AGE Years 85 Months 5 Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ex-Banker
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) Franklin Co. Pa.

FATHER
13. NAME James Helvin.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. Pa.

MOTHER
15. MAIDEN NAME Catherine Crider.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. Pa.

17. INFORMANT Frances Helvin Spencer
(ADDRESS) Maitland Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maitland Mo. DATE K.P. Jan 6, 1936

19. UNDERTAKER Price Funeral Home.
(ADDRESS) Maryville Mo.

20. FILED Jan. 6, 1936 Vern D. Stout
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1935, to Jan 4, 1936
I last saw him alive on Jan 3, 1936. Death is said to have occurred on the date stated above, at 12:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 27/36

Other contributory causes of importance:
Age -
Diabetes Mellitus - (unknown)

Name of operation ✓ 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? No
If so, specify ✓
(Signed) Ira Williams, M. D.
(Address) Maitland, Mo.