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

FEB 20 1936

Do not use this space.

2366

1. PLACE OF DEATH
County Osage
Township Crawford
City Linn R. D. (No. ..... St. ..... Ward)
Registration District No. 640
Primary Registration District No. 5849
File No. .....
Registered No. 2

2. FULL NAME Dorothy Evelyn Helmig
(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 Fr
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 Amos Helmig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 - 1905

7. AGE YEARS 30 MONTHS 6 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME A. J. Ridenhour
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belle Mo

MOTHER
15. MAIDEN NAME N. J. Goodman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co Mo

17. INFORMANT (ADDRESS) Amos Helmig Linn Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE East Knob cem. DATE Jan 6 1935
Summerfield Mo

19. UNDERTAKER (ADDRESS) Morton Funeral Home Linn Mo

20. FILED Jan 5 1935 Mrs Dora Jeff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 4 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 1 - 3 - 1936, to 1 - 4 - 1936
I last saw her alive on 1 - 4 - 1936 Death is said to have occurred on the date stated above, at 12:00 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Extrauterine Gestation	
Ectopic Gestation	
Hemorrhage from rupturing of tube	

Other contributory causes of importance:

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) Hansen S. Gove, M. D.
(Address) Linn Mo