

JUL 23 1936

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

Do not use this space.

23471

1. PLACE OF DEATH

County Monroe
Township _____
City Marceline (No. _____)

Registration District No. 502
Primary Registration District No. 4305

File No. _____
Registered No. 21
St. _____ Ward _____

2. FULL NAME

Ann Alexander Helton

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 7 Bird Helton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>61</u>	<u>0</u>	<u>27</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife
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) Cranberry Pa.

MOTHER 13. NAME John Rowe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Scotland

15. MAIDEN NAME Margaret Alexander

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Scotland

17. INFORMANT (ADDRESS) Bird Helton Marceline Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet DATE June 4 1936

19. UNDERTAKER (ADDRESS) Jas M. Campbell Marceline Mo

20. FILED 6/4 1936 Oliver Barrett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1936

22. I HEREBY CERTIFY That I attended deceased from Feb 7 1936, to June 2 1936. I last saw h.e.r. alive on Jan 1 1936. Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset
<u>Typhoid meningitis</u> <u>1936</u>
<u>General meningitis</u> <u>1936</u>
Other contributory causes of importance: <u>Typhoid ulcers</u> <u>5/1/36</u>

Name of operation _____ Date of _____
What test confirmed diagnosis _____ 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) M. D. _____, M. D.
(Address) Marceline Mo

