

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

Do not use this space.

26169

1. PLACE OF DEATH

County Franklin

Registration District No. 295

Township Merriman

Primary Registration District No. 5412

City Helena

St. _____ Ward _____

2. FULL NAME

Helena B. Besselschmidt

(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 F 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 Henry Besselschmidt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15 1872

7. AGE YEARS 53 MONTHS 7 DAYS 19 If LESS than 1 day, _____ hrs. _____ min.

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) Claver Bottom Mo

13. NAME John Althen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Martin Segelhorst

18. BURIAL, CREMATION, OR REMOVAL PLACE Beaufort Mo DATE July 7 1936

19. UNDERTAKER (ADDRESS) B. H. Jernigan

20. FILED 7/7 1936 Claver Bottom

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from _____ 1931, to _____ 1936

I first saw him alive on July 4 1936 Death is said

to have occurred on the date stated above, at _____ m.

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

Chron. Polycystic Kidney (Bilateral)
Probably congenital

Date of onset

Other contributory causes of importance: _____

Name of operation None Date of _____

What test confirmed diagnosis? Psychogram 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) J. H. Matthews, M. D.

(Address) Beaufort Mo

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.

OCT 15 1958