

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

Do not use this space.

42051

1. PLACE OF DEATH

County Nodaway
Township
City Maryville

Registration District No. 625
Primary Registration District No. 3031
(No. St. Francis Hospital)

File No. _____
Registered No. 120
St. _____ Ward)

2. FULL NAME

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

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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clifford M Helzer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept-28-1900</u>		
7. AGE YEARS <u>36</u>	MONTHS <u>8</u>	DAYS <u>28</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	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) Maryville Mo
(STATE OR COUNTRY)

13. NAME Walter E. Hestfall

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

15. MAIDEN NAME Mamie Skulbur

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

17. INFORMANT Clifford Helzer
(ADDRESS) Abraham Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Abraham DATE Nov

19. UNDERTAKER Marie Funeral Home
(ADDRESS) Maryville Mo

20. REGISTRY 1-18 1936 Mamie E. Clardy
Registry

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h. _____ alive on _____, 19____. 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:

Peritonitis & Toxemia

Date of onset

Other contributory causes of importance:

Shoes - from fall & fracture of ankle

Name of operation Appendectomy Date of 11-15-36

What test confirmed diagnosis? P.M. Exam. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11-16, 1936

Where did injury occur? Maryville Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
St. St. Francis Hospital: Pt - 4 days

Manner of injury part of femur ruptured app.

Nature of injury became delirious & jumped from 3rd story window

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____
(Signed) Jaes. Roubert, M. D.

(Address) Coroner Nod. Co.

