

MAR 15 1937

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

Do not use this space.

## 1. PLACE OF DEATH

5 County Barry Registration District No. 29 File No. 4886  
 Township McKellar Primary Registration District No. 5045B Registered No. 11  
 City \_\_\_\_\_ (No. 2) \_\_\_\_\_ St. \_\_\_\_\_ (Ward)

## 2. FULL NAME

M. A. Helton  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. 1  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 10 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>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Kada Helton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 19 1881</u>		
7. AGE	YEARS	MONTHS
	<u>55</u>	<u>7</u>
		DAYS
		<u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Barry Mo</u>		
13. NAME <u>Med H Helton</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stone Co Mo</u>		
15. MAIDEN NAME <u>Missouri Beat</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrence Co Mo</u>		
17. INFORMANT <u>W. Helton</u> (ADDRESS) <u>Edwards</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marshall</u> DATE <u>2-16-37</u>		
19. UNDERTAKER <u>Geat Manlove</u> (ADDRESS) <u>Edwards Mo</u>		
20. FILED <u>2-18</u> 19 <u>37</u> <u>Geo. Newman</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14-37

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 1937, to Feb 14 1937.  
 I last saw him alive on Feb 14 1937. Death is said to have occurred on the date stated above, at 5:00 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Lobar pneumonia  
108  
myocarditis  
 Date of onset Week

Other contributory causes of importance:  
myocarditis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) W. Helton \_\_\_\_\_, M. D.  
 (Address) 171 W. Pleasant Aurora Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

DEC 20 1945