

1. PLACE OF DEATH

County Buchanan
Township St. Joseph,
City St. Joseph,

Registration District No. 1001
Primary Registration District No. 1001
St. Joseph's Hospital.

11188
File No.
Registered No. 299
St. Ward

2. FULL NAME Helen Mae Dalaman

(a) Residence, No. 609 South 8th. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF **Nicholas A. Dalamann.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 12, 1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs ormin
35	35	2	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.

10. Date deceased last worked at this occupation (month and year) March 1937.....

11. Total time (years) spent in this occupation..... 16

12. BIRTHPLACE (CITY OR TOWN) Buchanan County,
(STATE OR COUNTRY) Missouri

13. NAME Robert L. Beaver

14. BIRTHPLACE (CITY OR TOWN) Buchanan County,
(STATE OR COUNTRY) Missouri.

15. MAIDEN NAME Annie Yeaklev.

15. BIRTHPLACE (CITY OR TOWN) Buchanan County,
(STATE OR COUNTRY) Missouri.

17. INFORMANT Nicholas A. Salama
(ADDRESS) 609 South 8th. Str.

10. BURIAL, CREMATION, OR REMOVAL

PLACE Bethel Cemetery DATE March 8, 1937

19. UNDERTAKER *Heaton-Bryce & Borman*
(ADDRESS) *519 So. 10th St. - Tucson -*

20. FILED 9/8 1937 A Nestasius
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 6th, 1937*

22. I HEREBY CERTIFY, That I attended deceased from
Mar 3, 1937, to Mar 6, 1937

I last saw her alive on May 5, 1937. Death is said to have occurred on the date stated above, at 8:40 a.m. The principal cause of death and related causes of importance were as follows:

Reclamshrit's Gouta new Date of onset 10 weeks 7

Cryptites acute	
Pericryptites acute	
Peritomytis acute	/

Other contributory causes of importance:	
Multiple Sclerosis	year
Paralysis of urinary Bladder	?
with retention	

Name of operation..... Date of.....
What test confirmed diagnosis? *Chm* Was there an autopsy? *4/1*

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) H. H. H. H., M. D.
(Address) St. Joseph, Mo.

1302

• Modis EDA

...the whole of the ...

61782

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. 11188

Township St Joseph

Primary Registration District No. 1001

Registered No. _____

City St Joseph (No. _____)

St. _____ Ward) _____

2. FULL NAME

Helen Mae Holaman

(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) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 2 24

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.
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) _____

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS) _____

20. FILED May 14 1937 A. H. Nechouse Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1937

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:

Date of onset _____

Other contributory causes of importance:

multiple sclerosis of spinal cord

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) L. H. Jenson M. D.

(Address) St Joseph 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.

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