

APR 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Scott Registration District No. 1157
Township Seneca Primary Registration District No. 6065C
City Delmar (No. _____) St. _____ Ward _____

File No. 13794

Registered No. _____

2. FULL NAME Herman A. Helmann

(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 M 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 Regina Helmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27 - 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
58 4 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Farmer

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) Capron, Ia13. NAME Aug Helmann14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffardsville, Ia15. MAIDEN NAME Unknown

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

17. INFORMANT Mr. H. Helmann
(ADDRESS) Seneca, Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Seneca, Mo DATE 2/25 193719. UNDERTAKER Funeral Home
(ADDRESS) Seneca, Mo20. FILED 3/11 1937 J. D. Jones
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 193722. I HEREBY CERTIFY, That I attended deceased from 2/1/37, 1937, to 2/27/37, 1937.I last saw him alive on 2/22/37, 1937. Death is saidto have occurred on the date stated above, at 1:00 m.

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

Date of onset _____

myocarditis
apd

Other contributory causes of importance:

Emphysema
Local Pneumonia
Influenza

Name of operation none Date of _____What test confirmed diagnosis? none Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury _____, 1937.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 no(Signed) J. E. Lee, M. D.(Address) Seneca, 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.

