MAY 19 1937

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

Do not use this space.

File No. 16239

Registered No.

1. PLACE OF DEATH
County: Franklin
Township: Buffalo
City: (No. St. Ward)
Registration District No. 283
Primary Registration District No. 5402

2. FULL NAME Thomas Helton

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (~~OR WIFE OF~~): Nancy Helton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 25 1852

7. AGE: Years 84 | Months 2 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, 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): Tenn

FATHER
13. NAME: Bill Helton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk

MOTHER
15. MAIDEN NAME: Unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk

17. INFORMANT (ADDRESS): J. A. Wilson, Cardwell

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cardwell Mo DATE: Mar 13, 1937

19. UNDERTAKER (ADDRESS): Howard - Anderson, Cardwell

20. FILED 5-10, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1937, to March 12, 1937
I last saw him alive on March 11, 1937. Death is said to have occurred on the date stated above, at 9:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	3 yrs.

Other contributory causes of importance:
Senility

Name of operation: Date of:
What test confirmed diagnosis? clinical 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) Leroy French, M. D.
(Address) Cardwell