JUL 28 1937

36

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

Do not use this space.

1. PLACE OF DEATH
County Franklin
Township Boone
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 295
Primary Registration District No. 5415 a

File No. 23653
Registered No. .....

2. FULL NAME Mary Elizabeth Hellyer
(a) Residence, No. Sullivan, Mo Route #1 Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 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

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Walter T. Hellyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26th 1873

7. AGE 35 YEARS 63 MONTHS 11 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Cuba, Mo.

FATHER
13. NAME Archibald Wallace
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Martha Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Walter T. Hellyer Sullivan, Mo Route #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cuba, Mo DATE June 5th 37

19. UNDERTAKER (ADDRESS) Kraeger-Voss-Fix St. Louis, Mo.

20. FILED 6/4 1937 C A Proctor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/3/37, 19

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1937, to June 2, 1937
I last saw her alive on June 2, 1937 Death is said to have occurred on the date stated above, at 2 10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Acute Nephritis, cause unk.	Apr. 17
2. Chronic Myocarditis?	

Other contributory causes of importance: 93c

Name of operation None Date of .....
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Natural Date of injury None, 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) [illegible], M. D.
(Address) [illegible] 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.