

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

Do not use this space.

**JUL 30 1937**

24259

**1. PLACE OF DEATH**

County Mason  
Township Mason  
City Hannibal

Registration District No. 547  
Primary Registration District No. 3019  
(No. 3226 Bradley)

File No. ....  
Registered No. 184  
St. .... Ward)

**2. FULL NAME**

Henry J. Helwig  
(a) Residence, No. 3226 Bradley 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 Adella

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9th 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
41 7 -

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman  
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) Santon Missouri

FATHER 13. NAME Ernest Helwig

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

MOTHER 15. MAIDEN NAME Anna Althouse

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

17. INFORMANT Mar Adella Helwig  
(ADDRESS) 3226 Bradley Ave. Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Branchview Burial Park June 11th 1937

19. UNDERTAKER James O'Donnell  
(ADDRESS) Hannibal Mo

20. FILED 6/25/37 H.C. Fisher  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9th 1937

22. I HEREBY CERTIFY, That I attended deceased from 6, 19....., to....., 19.....  
I last saw h..... alive on 6 19..... Death is said to have occurred on the date stated above, at 6:45 m.  
The principal cause of death and related causes of importance were as follows:

"Suicide"  
By shooting self in head with a 12 gauge shotgun.

Other contributory causes of importance: 167

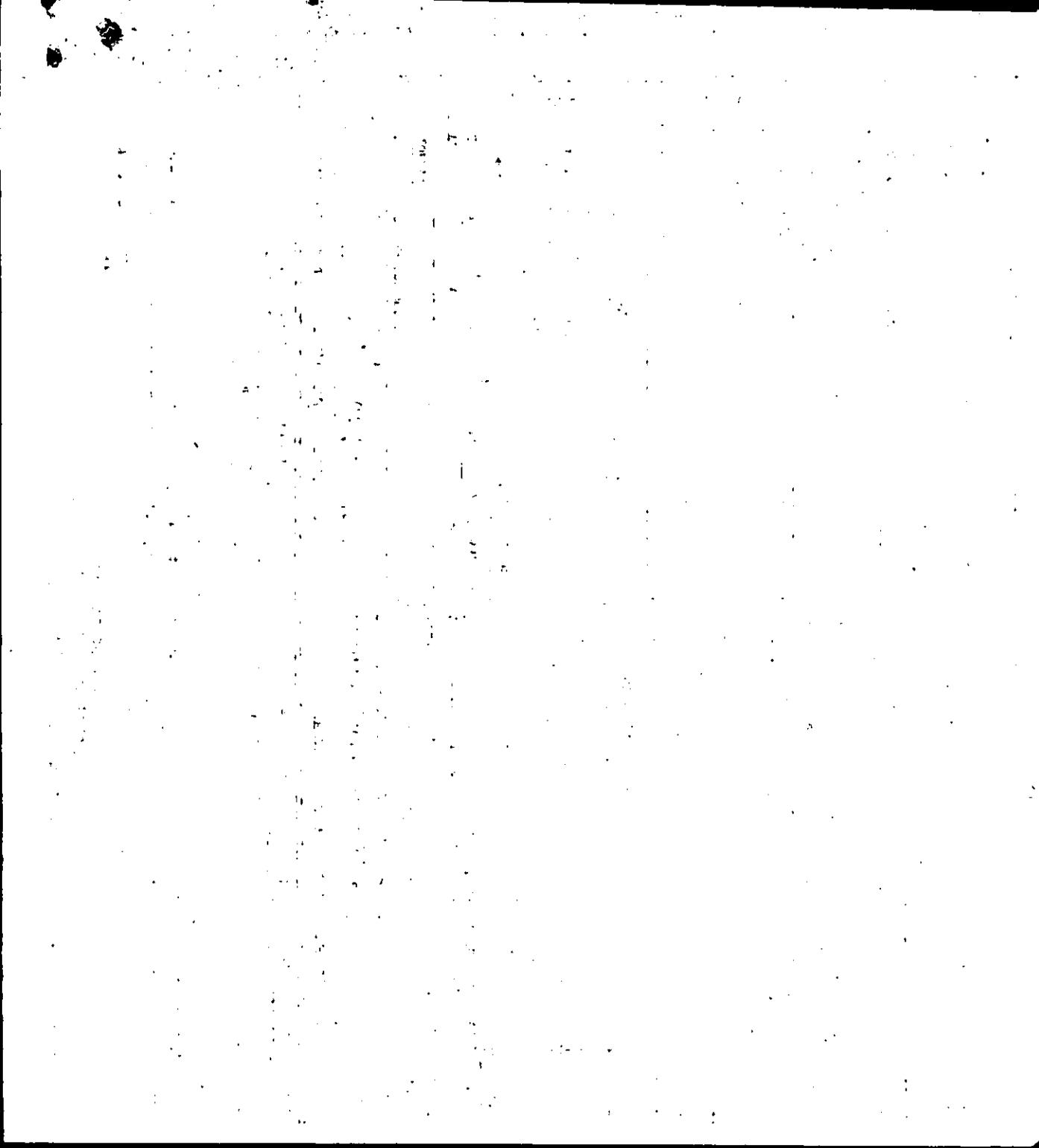
Name of operation..... Date of.....  
What test confirmed diagnosis? 6 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? suicide Date of injury 6-9-37  
Where did injury occur? Hannibal, Mason, Mo  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Gun shot wound  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....  
(Signed) James O'Donnell Coroner  
(Address) Hannibal, 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.



Do not issue a copy of Helwig's death certificate unless written permission is given by widow.

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