

SEP 21 1937

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

Do not use this space.

31289

1. PLACE OF DEATH  
County Montgomery Registration District No. 595  
Township Upper Loutre Primary Registration District No. 5791  
City (No. ) St. Ward

File No. 16  
Registered No. 16

2. FULL NAME Helen Ruth Updyke  
(a) Residence, No. St. Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23, 1937

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

22. I HEREBY CERTIFY That I attended deceased from August 20, 1937 to August 23, 1937  
I last saw her alive on August 23, 1937 Death is said to have occurred on the date stated above, at 7 A. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3, 1922

The principal cause of death and related causes of importance were as follows:  
Diphtheria Date of onset 8/16/37

7. AGE YEARS 14 MONTHS 8 DAYS 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School  
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) Wellsville, Mo.

13. NAME Julian M. Updyke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malcolm, Neb.

15. MAIDEN NAME Lillie Jane Burgess

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wellsville, Mo.

17. INFORMANT (ADDRESS) Julian M. Updyke  
Wellsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellsville Cem. DATE August 24, 1937

19. UNDERTAKER (ADDRESS) F.W. Kuhne  
Wellsville, Mo.

20. FILED Aug 24 1937 Mrs Mike McDermott  
Registrar.

Name of operation Lab. Date of No  
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? Date of injury  
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) Bull Murefee, M. D.  
(Address) Montgomery City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

