

OCT 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County AudrainTownship Culvre

City

(No.)

Registration District No. 92/6232Primary Registration District No. 4557File No. 33554

Registered No.

St.

Ward)

2. FULL NAME

Lewis Elmer Hellyer

(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 OFSaphronia Hellyer

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

April, 9-1853

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.04518

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer, Retired9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Noble County Ohio

MOTHER FATHER

13. NAME James Hellyer14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ohio15. MAIDEN NAME Sarah Delozier16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ohio17. INFORMANT
(ADDRESS)Marion Hellyer

18. BURIAL, CREMATION, OR REMOVAL

PLACE Under noDATE Oct 119. UNDERTAKER
(ADDRESS)W. J. Waters20. FILED Oct. 5, 1937H. M. May
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept, 29 193722. I HEREBY CERTIFY, That I attended deceased from
July, 25 1937, to Sept, 29-1937I last saw him alive on Sept, 28, 1937 Death is saidto have occurred on the date stated above, at 6 A. m.

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

ApoplexyDate of onset
9-27-37Other contributory causes of importance:
Arterio-Sclerosis.Senile Epilepsy

Name of operation Date of

What test confirmed diagnosis Clinical. 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 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) W. K. McCall /(Address) Ladonia Mo.

