

NOV 22 1937

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

Do not use this space.

38405

1. PLACE OF DEATH

County Lemercat Registration District No. 681
Township Little Prairie Primary Registration District No. 863
City Cottonwood (No. 1) St. 117 Ward

File No. 38405
Registered No. 117

2. FULL NAME Honey Claire Helt

(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

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) Oct 18 1937

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

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18 - 1927

I last saw him live on , 19 . Death is said to have occurred on the date stated above, at m.

7. AGE YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, 0 hrs. or 0 min.

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

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

Date of onset

Still born
undetermined

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Cottonwood, Pa (STATE OR COUNTRY) Missouri

Name of operation Date of

13. NAME P. A. Helt

What test confirmed diagnosis? Was there an autopsy?

14. BIRTHPLACE (CITY OR TOWN) Cottonwood, Pa (STATE OR COUNTRY) Missouri

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19 .

15. MAIDEN NAME Lula Stynes

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) Cottonwood, Pa (STATE OR COUNTRY) Missouri

17. INFORMANT P. A. Helt (ADDRESS) Cottonwood, Pa

Manner of injury Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Catharsville, Mo DATE 12/19

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D.

19. UNDERTAKER L. J. Ferguson, Co. (ADDRESS) Catharsville, Mo

(Address) Catharsville

20. FILED Nov 9 1937 Ada Martin Registrar.

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

7760

