DEC 15 1937

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

Do not use this space.

File No. 40794

Registered No.

**1. PLACE OF DEATH**

County Butler

Township Gillis Bluff

City Qulin, Mo. (No. , St. Ward)

Registration District No. 92

Primary Registration District No. 5137

**2. FULL NAME** Ronnie Dean Helvy

(a) Residence, No. Qulin, Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) |
|---|---|---|
| Male | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1937

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 0 | 10 | 24 | |

OCCUPATION

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

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) Henrickson
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Herman Helvy

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

MOTHER

15. MAIDEN NAME Sadie Collins

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

17. INFORMANT Herman Helvy
(ADDRESS) Henrickson, Mo.

18. BURIAL, CREMATION, OR REMOVAL Belleview Cemetery
PLACE Doniphan, Mo. DATE Nov. 11, 1937

19. UNDERTAKER Frank Und. Co.
(ADDRESS) Poplar Bluff, Mo.

20. FILED 12-10, 1937 Scott Cash, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1937, to Nov. 10, 1937

I last saw him alive on Sept. 24, 1937. Death is said to have occurred on the date stated above, at 10:20 A.M.

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

| | Date of onset |
|---|---|
| Pneumonia - Lobar | 11-5-37 |
| 10d | |

Other contributory causes of importance:

| | |
|---|---|
| Malnutrition | 3 mos. |

Name of operation Date of

What test confirmed diagnosis? Clinical History 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, 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) Chester Harewell, M. D.

(Address) Poplar Bluff, 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.