

DEC 16 1937

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

Do not use this space.

41045

1. PLACE OF DEATH

County Cole Registration District No. 213
Township Jefferson Primary Registration District No. 2014
City Jefferson (No. St. Mary Hosp)

File No. _____
Registered No. 308
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 512 Walnut St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Victoria Olive

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7 - 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
23 6 14

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Meat Saloman

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Meat Packing

10. Date deceased last worked at this occupation (month and year) Apr 14/37 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elyria Ohio

13. NAME Larry J. Helms

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

15. MAIDEN NAME Hazel Thatcher

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

17. INFORMANT (ADDRESS) Mrs Victoria Helms
Je mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverside DATE Nov 22 37

19. UNDERTAKER (ADDRESS) Hawson - Tamm
Je mo

20. FILED 11/24/37 L. B. Cooper M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 21st 1937

22. I HEREBY CERTIFY, That I attended deceased from November 20th 1937, to November 21st 1937

I last saw him alive on November 20th 1937. Death is said to have occurred on the date stated above, at 6 A. M.

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

Fracture of Cervical vertebra Date of onset 11-20-37

Other contributory causes of importance: Automobile accident (collision)

Name of operation none Date of _____
What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes, (violence), fill in also the following: Accident, suicide, or homicide accident Date of injury 11-20-1937
Where did injury occur? Jefferson City, Mo.

Specify whether injury occurred in industry, in home, or in public place. City Street

Manner of injury automobile collision
Nature of injury Fracture of neck

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify finger of meat truck

(Signed) L. B. Cooper M. D.
(Address) 626 Jefferson St

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.

2202

2

219M

