

DEC 17 1937

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

Do not use this space.

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41356

1. PLACE OF DEATH

County GRUNDY
Township Madison
City..... (No. St. Ward)

Registration District No. 328
Primary Registration District No. 5452

File No.
Registered No.

2. FULL NAME

GEORGE W. HELLMANDOLLAR

(a) Residence, No. R 707 Trunk No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>unwed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 17th - 1874</u>		
7. AGE <u>63</u>	YEARS <u>6</u>	MONTHS <u>8</u>
		DAYS <u>—</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Nov 20, 1936</u>	
		11. Total time (years) spent in this occupation <u>39 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Grundy County Missouri</u>		
MOTHER	13. NAME <u>G. W. Hellmandollar</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tammell County Virginia</u>	
	15. MAIDEN NAME <u>Thetta McWhiting</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tammell County Virginia</u>	
	17. INFORMANT (ADDRESS) <u>Geo. Hellmandollar R 707</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Edenbury 2007</u> DATE <u>11-27-37</u>	
19. UNDERTAKER (ADDRESS) <u>Bern C Davis Newton Mo</u>		
20. FILED <u>11-26</u> 19 <u>37</u> <u>Irene D Fair</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1937 to Nov 25, 1937
I last saw him alive on Nov 20, 1937 Death is said to have occurred on the date stated above, at 12:2 m.
The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis + Mitral Regurgitation
Date of onset 1935

Other contributory causes of importance:
—

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

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? Yes
If so, specify.....
(Signed) E. J. McWhiting M. D.
(Address) Newton Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

