

JAN 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cass
Township Stark
City Cameron (No. _____)

Registration District No. 204
Primary Registration District No. 3013

File No. 45122
Registered No. 45
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 315 W. Carthill 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23 1865

7. AGE YEARS 72 MONTHS 2 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

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

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) (STATE OR COUNTRY) Unknown Illinois

13. NAME Jacob Helmick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ill.

15. MAIDEN NAME Nancy Winsor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ill.

17. INFORMANT (ADDRESS) J. A. Helmick Jr. Cameron Mo.

18. BURIAL, CREMATION, OR REMOVAL Union Cem

PLACE Ray Co DATE Jan 11 1938

19. UNDERTAKER (ADDRESS) Old Moore Cameron Mo.

20. FILED Dec 31 1937 D. C. N. Risley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1937 to Dec 30 1937

I last saw him alive on Dec 30 1937. Death is said to have occurred on the date stated above, at 1:13 pm.

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

Cerebral Hemorrhage apoplexy Date of onset Dec 28

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) J. O. Kinross, M. D.

(Address) 312 N. Main Cameron 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.

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