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.

DEC'D MAR 22 1938

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

Do not use this space.

7720

1. PLACE OF DEATH
County Pemiscot
Township Little River
City Wardell Mo (No. ..... St. ..... Ward)
Registration District No. 10991
Primary Registration District No. 5868
File No. .....
Registered No. .....

2. FULL NAME Diamond Helms Jr

(a) Residence, No. ..... 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 Mas
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25 1937

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

OCCUPATION
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 .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wardell Mo

FATHER
13. NAME Diamond Helms
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

MOTHER
15. MAIDEN NAME Nell Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marvell Ark

17. INFORMANT (ADDRESS) Marcus Latham Wardell Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wardell Mo DATE Oct 27 1937

19. UNDERTAKER (ADDRESS) Lee Rodgers Wardell Missouri

20. FILED 3-9 1938 J L Creasy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 25th, 1937, to Oct 26th, 1937
I last saw him alive on Oct 26, 1937 Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Breech Presentation
Atelectasis
160 B-

Date of onset

Other contributory causes of importance:

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

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? .....
If so, specify W D Sample
(Signed) ....., M. D.
(Address) Wardell Mo