

REC'D AUG 26 1938

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

Do not use this space.

1. PLACE OF DEATH

County WARRENRegistration District No. 881

Township

Primary Registration District No. 4534City WARRENTON

(No. _____)

St. _____

Ward _____

File No. 26756Registered No. 222. FULL NAME MATILDA LOUISA HELLBERG416

(a) Residence, No. _____

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

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFHenry Hellberg

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

May 15, 1863

7. AGE

YEARS

75

MONTHS

2

DAYS

14

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

at home

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)

Warren Co., Mo.

FATHER

13. NAME William Hazelroth

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

Germany

MOTHER

15. MAIDEN NAME Elizabeth Schroer

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

Germany

17. INFORMANT (ADDRESS)

Louis Hellberg
Warrenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE High Hill, Mo. DATE July 31, 1938

19. UNDERTAKER (ADDRESS)

F. W. Nieburg & Son
Warrenton, Mo.20. FILED Aug. 1, 1938Warrenton, Mo.
Registered

MEDICAL CERTIFICATE OF DEATH

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

July 29th, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 26th, 1938, to July 29th, 1938I last saw her alive on July 29th, 1938 Death is saidto have occurred on the date stated above, at 2:00 p.m.

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

Cerebral Hemorrhage,
Apoplexy
g2 pt
Date of onset 7/29/38

Other contributory causes of importance:

Arterio-sclerosisName of operation None Date of _____What test confirmed diagnosis? Clinical Was there an autopsy? No23. 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) M. S. Clarentsch M. D.802 (Address) Wright City, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

