

REC'D JAN 6 1939

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

43864

Do not use this space.

1. PLACE OF DEATH

- (a) County Montgomery Registration District No. 9th
 (b) Township Danville Primary Registration District No. 5186C Registered No.
 (c) City Mineral (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- James Fleming Busby Helms
 (a) Residence, No. St. (If nonresident, give city or town and State)

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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rosalee Carter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1867 8 1</u>		
7. AGE	YEARS <u>1867</u>	MONTHS <u>8</u>
		DAYS <u>1</u>
	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Retired Farmer</u>	
	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) <u>Monroe Co Mo</u>		
FATHER	13. NAME <u>James Helms</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>va</u>	
MOTHER	15. MAIDEN NAME <u>Barbara Ann Deed</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>va</u>	
17. INFORMANT (ADDRESS) <u>Mrs Mary Acuff Paris mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Int Pleasant</u> DATE <u>Dec 12 1938</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Fred Thompson Madison mo</u>		
20. FILED <u>Dec 12 1938</u> <u>Mrs Elm Gregory</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11, 1938
 22. I HEREBY CERTIFY That I attended deceased from Sept 12, 1938, to Dec 11, 1938
 I last saw him alive on Nov 20, 1938 Death is said to have occurred on the date stated above, at 11:00 am.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

Don't knowOther contributory causes of importance: 97Name of operation..... Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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.....
Cause of injury.....24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....(Signed) M. C. McMurphy, M. D.
Paris mo (Address)

STATE BOARD OF HEALTH
DEPARTMENT OF HEALTH
DIVISION OF HEALTH SERVICES
BOARD OF EMBALMERS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

43864
Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 958
 (b) Township Danville Primary Registration District No. 5186c
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fleming Bushby Helms

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
81 4 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED March 21 1979 Mrs Elmer Gregory Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on 19..... 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:

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

(Signed) M. C. McMurtry, M. D.
 (Address) Paris, Mo.

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

