

REC'D APR 20 1939

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

11519  
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 577  
(b) Township Mason Primary Registration District No. 3029 Registered No. 91  
(c) City Hannibal (d) Street No. Levering Hospital 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 450 May H. Helm

(a) Residence, No. Mark Train Hotel 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1856  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 7 3

8. Trade, profession, or particular kind of work done, as a 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) Hannibal (STATE OR COUNTRY) Missouri

FATHER 13. NAME Cyrus T. Helm

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

MOTHER 15. MAIDEN NAME Catherine Parks

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

17. INFORMANT (ADDRESS) Mrs. John Logan  
418 North Sixth

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet DATE 3/9/39

19. FUNERAL DIRECTOR (NAME) Smiths' Funeral Ho (ADDRESS) Hannibal

20. FILED March 11 1939 J. C. Fisher Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1939  
22. I HEREBY CERTIFY, That I attended deceased from 1920, 1920 to March 6, 1939  
I last saw him alive on March 6, 1939. Death is said to have occurred on the date stated above, at 9:00 P.M.  
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance: arterio sclerosis

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

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? nd Date of injury nd, 19nd  
Where did injury occur? nd (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury nd  
Nature of injury nd  
24. Was disease or injury in any way related to occupation of deceased? nd  
If so, specify nd

(Signed) J. C. Fisher, M. D. (Address) Hannibal Mo

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

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.

*Handwritten signature*

20M-9-1035 I X16005

**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.....

L. E. J. J. Marsh L. E. 3932....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Cumford Smith*.....

Licensed Embalmer No. 3814.....

P. O. Address Hannibal Mo......

**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.**