REC'D APR 7 1939

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

Do not use this space.

3

1. PLACE OF DEATH

110 County Washington 2 Registration District No. 886

Township Concord Primary Registration District No. 6179

City ..... (No. ..... St. ..... Ward)

File No. 12681

Registered No. .....

2. FULL NAME 4222 Donald Leroy Helms

(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 male

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 14, 1934

7. AGE YEARS 3 MONTHS 7 DAYS 21 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) Washingto Co, Mo

FATHER

13. NAME Manuel Helms

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co, Mo

MOTHER

15. MAIDEN NAME Rhoda Christopher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francios, MO, MP

17. INFORMANT (ADDRESS) Mrs. Rufus Hemls Frankclay, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Whaley cemetery DATE 3/8/ 1939

19. UNDERTAKER (ADDRESS) none

20. FILED 3-8, 1939 J. P. Yeargain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/7, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/7, 1939, to 3/7, 1939

I last saw him alive on 3/7, 1939. Death is said to have occurred on the date stated above, at 5 M m.

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

Internal injury resulting for being run over with a wagon

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? near his home Date of injury 3/7, 1939

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. near home

Manner of injury fell from wagon and run over

Nature of injury ruptued spleen

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) J. P. Yeargain, M. D.

(Address) Irondale, 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.

50M-10-22-36 I X9314