REC'D JUN 20 1939

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

Do not use this space.

1. PLACE OF DEATH
County Cooper
Township ~~Boonville~~
City Boonville (No. St. Joseph Hospital St. Ward)
Registration District No. 218
Primary Registration District No. 3015
File No. 18459
Registered No. 60

2. FULL NAME John Helffrich
(a) Residence, No. 416 Marshall, Mo 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 - 1906

7. AGE: YEARS ~~33~~ 33 | MONTHS 0 | DAYS 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman for
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dolly Madison
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) Kansas

FATHER
13. NAME John Helffrich
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Maggie Firistein
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Gladys Helffrich Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Wash KC Mo DATE May 22, 1939

19. UNDERTAKER (ADDRESS) Rose & Henderson 15 & Jackson KC, Mo

20. FILED 5-22, 1939 D. E. Hooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-20-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-18-39, 19 to 5-20-39, 19
I last saw him alive on 5-20-39, 19 Death is said to have occurred on the date stated above, at 1AM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
shock (following car wreck)	5-18-39
fracture of left pelvis	
traumatic separation of rt ureter	
rupture of ilium	
hemorrhage into rt pleural cavity	
(all resulting from accident)	

Other contributory causes of importance:

210 25

Name of operation suprapubic cystostomy Date of 5-19-39
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 5-18-39
Where did injury occur? highway#40 in Howard County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. public place-driving truck
Manner of injury truck turned over
Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify was driving bread truck
(Signed) A. L. van Ravenswaay, M. D.
(Address) Boonville, Missouri

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6/8/39