

JUL 19 1939

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

Do not use this space.

1. PLACE OF DEATH  
81 County Shelby Registration District No. 678  
Township \_\_\_\_\_ Primary Registration District No. 4404  
03 City St James (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
05  
2. FULL NAME Hellen L Horine  
(a) Residence, No. Solders Home 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.

File No. 22959  
Registered No. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Horine  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-22-1874  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 2 8  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
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) 9-3-36 11. Total time (years) spent in this occupation 30 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rutland Vermont  
13. NAME Henry French  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont  
15. MAIDEN NAME Hellen Mc Gary  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont  
17. INFORMANT Earl R Horine  
(ADDRESS) St James Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 0-3 1939  
19. UNDERTAKER W E Fickelty  
(ADDRESS) St James Mo  
20. FILED: 6/15/39 Elsie B. Hawk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1- 1939  
22. I HEREBY CERTIFY, That I attended deceased from March 1939, to May 1 1939.  
I last saw h. alive on May 1 1939. Death is said to have occurred on the date stated above, at 2:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cancer of base of bladder & nephritis chronic Date of onset \_\_\_\_\_  
Other contributory causes of importance: Hb  
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) C H Sulbricht M. D.  
(Address) St James 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.

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