

250 AUG 16 1939

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

26261
Do not use this space.

1. PLACE OF DEATH ²

(a) County Miller Registration District No. 562
 (b) Township Rochester Primary Registration District No. 5757
 (c) City Bozema (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 George Alfred 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 Male 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 Clara Jane Helms

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 10 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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) 6/1/39 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green County, Kentucky

FATHER 13. NAME George Washington Helms
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Nancy Jane Watkins
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. Clara J. Helms, Bozema, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mathews, Mo. DATE 6/26 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Elkasey, Bozema, Mo.

20. FILED Aug 7 1939 Mo 109 Van Dumps
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/25 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 1925, to June 25, 1939
 I last saw him alive on May 30, 1939. Death is said to have occurred on the date stated above, at 5 a m.
 The principal cause of death and related causes of importance were as follows:
Acute Dilatation of Rt. Ventricle of Heart Date of onset 6-25-39
Chronic myocarditis ?
 Other contributory causes of importance:
Chronic Interstitial nephritis ?

Name of operation _____ Date of _____
 What test confirmed diagnosis? chest xrt 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) James G. Helms, M. D.
 (Address) New Florence Mo.

496

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

Miller County Health Dep't

County File Number. 39-95

Date Filed 8-11-39

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.....

Laron L. Adams....., Registered Apprentice No. 211

working under my personal supervision.

Signed C. C. Basey.....

Licensed Embalmer No. 2694

P. O. Address Idalia, Ga.

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

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