

WRITE PLAINLY, WITH UNFADING INK. THIS IS A VITAL RECORD. MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

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.

REC'D SEP 15 1939

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

29983
Do not use this space.

1. PLACE OF DEATH
 (a) County PULASKI Registration District No. 711
 (b) Township UNION Primary Registration District No. 5940 Registered No. 69
 (c) City _____ (d) Street No. _____ St. _____
 (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.
 452 MARY ELLEN HELMS
 2. PRINT FULL NAME _____
 (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 Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LEONARD HELMS
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-19-1869
 7. AGE YEARS 69 MONTHS 8 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-9, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1939, to 8/9, 1939
 I last saw him alive on 8/1, 1939. Death is said to have occurred on the date stated above, at 11:30 pm.
 The principal cause of death and related causes of importance were as follows:
Mitral Insufficiency
 Date of onset _____
 Other contributory causes of importance: None
 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) A. J. Crider, M. D.
Nixon, Mo. (Address) 637
 Local Registrar.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 13. NAME JOHN PATTON
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN
 15. MAIDEN NAME UNKNOWN
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN
 17. INFORMANT (ADDRESS) ALONZO DAVIS
NIXON - MO.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Pi S GAH DATE 8/11, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred H Gilber
NIXON - MO.
 20. FILED Aug 12, 1939 A. S. Dick

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,

Aug 9 - 39

or by

RECEIVED

Registered Apprentice No., working under my personal supervision.

District Health Officer No. *5*,

Signed

Fred G. Sullivan

District File Number *989129*

Licensed Embalmer No. *2341*

Date Filed *9639*

P. O. Address *Union 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.