

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.

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

Do not use this space.

43981

1. PLACE OF DEATH

County Maries  
Township Jefferson  
City Belle (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 541  
Primary Registration District No. 4321

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

2. FULL NAME Helena E. Ammerman

(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 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 W. B. Ammerman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1860.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 3 2

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

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) Gasconade County (STATE OR COUNTRY) Mo.

13. NAME George W. Mahanay

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

15. MAIDEN NAME Jane Estes

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

17. INFORMANT Mrs. Lee Johnson, (ADDRESS) Newburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Cem. DATE 12/20/39

19. UNDERTAKER S. G. Lickliger (ADDRESS) Belle, Mo.

20. FILED Jan 10 1940 My Lewis Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1939 to Oct 3 1939

I last saw her alive on Oct 3 1939 Death is said

to have occurred on the date stated above, at 5.30 a.m.

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

Cerebrovascular of Colon Date of onset 4-1-39

Other contributory causes of importance: arteriosclerosis 9/10/39

Name of operation none 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? no 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 of injury in any way related to occupation of deceased? no  
If so, specify Guide to Practice M. D.  
(Signed) Guide to Practice

(Address) Belle Mo

THE

REPORT OF THE

COMMISSIONER OF THE GENERAL LAND OFFICE

FOR THE YEAR ENDING 1897.

LONDON: H.M.S.O. 1898.

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