

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

19230

Do not use this space.

1. PLACE OF DEATH
 (a) County Phelps Registration District No. 677
 (b) Township Rolla Primary Registration District No. 4403 Registered No. 66
 (c) City Rolla (d) Street No. The Fairland Hospital 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 Helen Elisabeth Decker
 (a) Residence, No. Rolla 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11 - 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
14 3 21

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. In School
 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

12. BIRTHPLACE (CITY OR TOWN) Rolla
 (STATE OR COUNTRY) Missouri

FATHER
 13. NAME Ernest E Decker
 14. BIRTHPLACE (CITY OR TOWN) Wolf City
 (STATE OR COUNTRY) Texas

MOTHER
 15. MAIDEN NAME Grace Clayton
 16. BIRTHPLACE (CITY OR TOWN) Rolla
 (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs Ernest Decker
 (ADDRESS) Rolla Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Rolla DATE June 5 1940

19. FUNERAL DIRECTOR (NAME) Mrs Harry McCaw
 (ADDRESS) Rolla Mo

20. FILED June 5 1940 Joe F. Ayers
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20 1939 to June 2 1940
 I last saw her alive on June 1 1940 Death is said to have occurred on the date stated above, at 12:01 a.m.
 The principal cause of death and related causes of importance were as follows:
General Peritonitis following a repair of a hole of tubercle from a previous appendectomy
 Date of onset 121

Other contributory causes of importance:

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
 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) Arthur McFarland M. D.
 (Address) Rolla 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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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

....., Registered Apprentice No.

~~working under my personal supervision.~~

Signed

R. J. McCaw

Licensed Embalmer No.

3953

P. O. Address

Rolla

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.