FILED JUL 15 1940

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

23028
Do not use this space.

1. PLACE OF DEATH
(a) County: Texas
(b) Township: Sherrell 2
(c) City:
Registration District No.: 868
Primary Registration District No.: 6149
Registered No.: 19
(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: Everett Helton
(a) Residence, No.: 435 Sherrell Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~: Rosie Helton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 8, 1899
7. AGE: Years 40 Months 10 Days 12 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Store Keeper
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): June 1940
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pleasant Hope Mo

FATHER
13. NAME: L. W. Helton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Barbourville Ky

MOTHER
15. MAIDEN NAME: S. E. Pfaff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Barbourville Ky

17. INFORMANT (ADDRESS): Rosa Helton Sherrell Mo.
18. ~~BURIAL, CREMATION, OR REMOVAL~~ PLACE: Buffalo Mo DATE: 6-22 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Smith Ferguson
20. FILED: 6-24, 1940 Dr. J. H. Reed, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-19, 1940
22. I HEREBY CERTIFY, That I attended deceased from June 19, 1940, to June 20, 1940. I last saw him alive on June 20, 1940. Death is said to have occurred on the date stated above, at 1:45 A m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Suicide from Bowlin Mixture of Rhind & Sulphate acid. Taken at 8:30 p.m. & died 1:45 a.m.

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? 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) Lesley Randall, M. D.
(Address) Lockwood Mo

(Licensed Embalmer's Statement on Reverse Side)

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

I X14028

1940-6-10
1899-8-8
40-10-41

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 Eubert E Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking 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.

S. No. 2B
M—2-21-40
I X22659

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23028

Registration District No. 868 Primary Registration District No. 6149 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Texas
(b) City or town Sherrell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Everett Helton
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 40 Months 10 Days 12 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 29
year 1940 hour minute M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.
Immediate cause of death Suicide from Drinking mixture of Phenol and Sulphuric acid at 8.30 P.M.
Due to Died 1:45 a.m.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
16 2

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? In home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home kitchen (Specify type of place)
While at work? (e) Means of injury
23. Signature Leslie Randall (M. D. or other)
Address Lucking, Mo. Date signed

S-23028