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.

FILED MAY 26 1941

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

Do not use this space.

85 0 0

15596

1. PLACE OF DEATH
County Pulaski — Registration District No. 5 711 — File No. 10
Township Union — Primary Registration District No. 5940 — Registered No. 10
City ~~Near Dixon~~ (No. 1, ... St. ..... Ward)

2. FULL NAME Infant Helton
(a) Residence, No. Union Twship Mo St., ... Ward. 0
(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 1
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) 0
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/25/41
7. AGE YEARS MONTHS DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) (STATE OR COUNTRY) Missouri 0

FATHER
13. NAME Clyde Helton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER
15. MAIDEN NAME Nellie Hodge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

17. INFORMANT (ADDRESS) Clyde Helton
18. BURIAL, CREMATION, OR REMOVAL
PLACE Seaton DATE 3/26/41, 19
19. UNDERTAKER (ADDRESS) Fred H. Gilbert Dixon, Mo. 1 2 0
20. FILED 4-30, 1941 A. S. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/26/41, 19
22. I HEREBY CERTIFY, That I attended deceased from 3-25-, 1941 to 3-25-, 1941
I last saw her alive on 3-25-, 1941 Death is said to have occurred on the date stated above, at 7.30 A m.
The principal cause of death and related causes of importance were as follows:

Asphyxia following birth

Date of onset

Other contributory causes of importance:

161 W

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) C. Miller M.D. M. D.
(Address) Dixon, Mo

RECEIVED
District Health Officer No. 5,
District File Number 5-411591
Date Filed _____