

LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

874^a

MAR 31 1926

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

1. PLACE OF DEATH

County *Henry*
Township *Springfield*
City *Springfield* (No.)

Registration District No. *356*
Primary Registration District No. *5500*

File No.
Registered No. *2* (Ward) St.

2. FULL NAME

Mrs. Henrietta N. Helms

(a) Residence No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *Color* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of *Chris Helms*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *July 17-1858*

7. AGE YEARS MONTHS DAYS If LESS than I day, hrs. or min.
67 | *5* | *27*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Housewife*
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) *Germany*

10. NAME OF FATHER

Fred Grief

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) *Germany*

12. MAIDEN NAME OF MOTHER

Caroline Jermann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) *Germany*

14.

INFORMANT *Henry Grief*
(Address) *Windsor Mo.*

15.

FILED *1/10/26* 19. *26* *J. G. Allen* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 14 1926*

17. I HEREBY CERTIFY, That I attended deceased from *Jan 13*, 1926, to *Jan 14*, 1926, that I last saw h. *20* alive on *Jan 13*, 1926, and that death occurred, on the date stated above, at *9-30 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

82A (duration) yrs. mos. da. *74* (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? *no* DATE OF

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *many*

(Signed) *A. A. Gray*, M. D.

Jan 19 26 (Address) *Calhoun Mo*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Mt. Olivet Cemetery *Jan. 17 1926*

20. UNDERTAKER

W. G. Huston ADDRESS *Windsor Mo*

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.

COPY TO COUNTY WITH UNFADING INK—THIS IS A PERMANENT RECORD

LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

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

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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<p>1. PLACE OF DEATH</p> <p>County..... Township..... City..... (No., St., Ward</p>	<p>Registration District No. Primary Registration District No. File No. Registered No.</p>	<p>2. FULL NAME</p> <p>(a) Residence, No., St., Ward, (Usual place of abode) Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)</p>						
PERSONAL AND STATISTICAL PARTICULARS								
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6. DATE OF BIRTH (MONTH, DAY AND YEAR)								
<p>7. AGE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">YEARS</td> <td style="width: 33%;">MONTHS</td> <td style="width: 33%;">DAYS</td> </tr> <tr> <td style="text-align: center;">IF LESS than 1 day, hrs. or min.</td> <td></td> <td></td> </tr> </table>	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.			<p>8. OCCUPATION OF DECEASED</p> <p>(a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....</p>	
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10. NAME OF FATHER (STATE OR COUNTRY)								
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12. MAIDEN NAME OF MOTHER (STATE OR COUNTRY)								
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)								
14. INFORMANT (Address), 19....., 19....., REGISTRAR								
15. FILED, 19....., 19....., REGISTRAR								
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