

FEB 19 1936

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

Do not use this space.

325-15-1

1. PLACE OF DEATH

County

Henry

Registration District No.

347

Township

White Oak

Primary Registration District No.

5795

City

Utich

(No.)

St.

Ward

2. FULL NAME

John Helms

(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.

16

ds.

How long in U.S.

85 yrs.

mos.

13 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <i>Annie E. Helms (Deceased)</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>1951</i>		
7. AGE	YEARS <i>85</i>	MONTHS <i>-</i>
		DAYS <i>13</i>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired Farmer</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>General farm work</i>	
	10. Date deceased last worked at this occupation (month and year) <i>Nov. 1930</i>	11. Total time (years) spent in this occupation <i>50</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Lexington Lafayette Mo</i>		
FATHER	13. NAME <i>Nesley Helms</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Dart Knard</i>	
MOTHER	15. MAIDEN NAME <i>Polly Hicklin</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>	
17. INFORMANT (ADDRESS) <i>Frank Helms Utich Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Nickerson Ford</i> DATE <i>Oct 9</i> 19 <i>35</i>		
19. UNDERTAKER (ADDRESS) <i>N. O. Smith Utich Mo</i>		
20. FILED <i>1-25-1936</i> <i>J. R. Hampton</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 8* 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 23* 19*35* to *Oct 8* 19*35*

I last saw him alive on *Oct 7* 19*35* 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:

Cerebral Haemorrhage
Heart Flagia.

Other contributory causes of importance:
Arteriosclerosis of Sanclity 19*30*

Name of operation Date of
What test confirmed diagnosis? *Physical* 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? *no*
If so, specify
(Signed) *J. G. McDonald* M. D.
(Address) *Utich Mo.*

MAGNIN RESERVED FOR BINDING

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.

