

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

Do not use this space.

NOV 28 1936

37480

1. PLACE OF DEATH

County Henry  
Township.....  
City Clinton (No. ....)

Registration District No. 347  
Primary Registration District No. 3018

File No.....  
Registered No.....  
St. .... Ward)

2. FULL NAME

Fred Helte  
(a) Residence, No. 905 Washington St.  
(Usual place of abode)

Ward.

(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 M 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) Mar 28 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
28 6 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Running an electric mill  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Reliance Coal Co.  
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) Henry Co Mo

13. NAME John Helte

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

15. MAIDEN NAME Anna Kobelt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Mrs Anna Helte Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Anglenosh DATE 10/25/36

19. UNDERTAKER (ADDRESS) Consolus + Peck Clinton Mo

20. FILED 10-24 1936 J. B. Humphreys Registrar

Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct-7, 1936, to Oct-23, 1936

I last saw him alive on Oct-22, 1936. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Typhoid

Oct-5-36

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....., 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) James O. Smith, M. D.

(Address) Clinton 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.

