FEB 23 1937

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

Do not use this space.

File No. 4662

Registered No.

1. PLACE OF DEATH
County Sullivan Registration District No. 852
Township Polk Primary Registration District No. 6120
City Milan (No. 2 4518 St. Ward)

2. FULL NAME Orville H. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maxine Helms

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 1900

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	36	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

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) 1

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Purdin Mo.

FATHER

13. NAME E. C. Helms

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known Missouri

MOTHER

15. MAIDEN NAME Lou Belt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Purdin Missouri

17. INFORMANT (ADDRESS) Mrs. O. H. Helms Milan, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Purdin, Mo DATE Jan'y 1937

19. UNDERTAKER (ADDRESS) The Linneus Undertaking Co Linneus, Mo.

20. FILED Feb 1937 Leo Hagan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1936, to Jan. 1937
I last saw h.e.m. alive on Jan. 18 1937. Death is said to have occurred on the date stated above, at 7:20 A. m.
The principal cause of death and related causes of importance were as follows:

Gun Shot Wound Punctured Temple - Right side — Date of onset 1-18-37

Other contributory causes of importance:
Chronic Colitis

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? Suicide Date of injury 1-18, 1937
Where did injury occur? Milan, Mo - Sullivan Co.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In Home
Manner of injury 22 Rifle.
Nature of injury Bullet into Brain - R. Temple

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Ernest W. Simmons M. D.
(Address) Milan, 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.