

MAY 15 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

15391

Do not use this space.

1. PLACE OF DEATH

(a) County WINN Registration District No. 497
 (b) Township NORTH SALEM Primary Registration District No. 5672
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 6

2. PRINT FULL NAME

(a) Residence, No. 452 Charles Alfred Helms St. Linn
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pearl M Helms
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 - 1879
 7. AGE YEARS 60 MONTHS 9 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Farming
 10. Date deceased last worked at this occupation (month and year) 7-12-40 11. Total time (years) spent in this occupation 40

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

FATHER 13. NAME Hiram Helms 14. BIRTHPLACE (CITY OR TOWN) Sullivan (STATE OR COUNTRY) Co.

MOTHER 15. MAIDEN NAME Martha Crist 16. BIRTHPLACE (CITY OR TOWN) Sullivan (STATE OR COUNTRY) Co.

17. INFORMANT Mrs. Pearl Helms (ADDRESS) New Boston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Price Cemetery DATE Apr 12 1940

19. FUNERAL DIRECTOR Tabor Funeral Service (ADDRESS) Bucklin Mo.

20. FILED Apr 30 1940 Mrs. Lila Williams Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April - 10 - 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:45 m.
 The principal cause of death and related causes of importance were as follows:

Suicide by Hanging
Cerebral Vessel

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Suicide 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) W. H. Luger, M. D.

Proctor Linn Co
Proctor Linn Co

Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 11.
District File Number 2546-680
Date Filed MAY 20 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.