

SEP 25 1935

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

Do not use this space.

30449

1. PLACE OF DEATH

County Ray Registration District No. 744
Township Richmond Primary Registration District No. 3035
City Richmond (No. _____) St. _____ Ward _____

File No. _____
Registered No. 83

2. FULL NAME

Mr. Earnest 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 Male 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 Myrtle Helms
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) don't know
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
about 27 1 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
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) Ray Oklahoma

13. NAME Henry Helms

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

15. MAIDEN NAME David Williams

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

17. INFORMANT (ADDRESS) Myrtle Helms

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond DATE 9-2 1935

19. UNDERTAKER (ADDRESS) W. W. Maxson

20. FILED 9-10 1935 E. E. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 31 1935 to Sept 1 1935

I last saw him alive on Oct 31 1935. Death is said to have occurred on the date stated above, at 2 a.m.

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

Diabetes insipidus
SA

Other contributory causes of importance: Aspirin

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1935

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) E. E. Ray, M. D.
(Address) Richmond

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.

