

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

Do not use this space.

10426

1. PLACE OF DEATH

County Montgomery
Township Seawater
City New Florence (No.)

Registration District No.
Primary Registration District No.

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 9 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur Timmelly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-2-1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	72	7	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
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) 11. Total time (years) spent in this occupation

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

13. NAME Lewis Hall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smith Mo

15. MAIDEN NAME Hannah Belle Blakes

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

17. INFORMANT (ADDRESS) Bethel Holmes no

18. BURIAL, CREMATION, OR REMOVAL Bethel Holmes no DATE 3/15 1933

19. UNDERTAKER (ADDRESS) Ed W. Bush

20. FILED 3-14 1933 James O. Helm MD. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb-5 1933 to March 14 1933

I last saw her alive on Mar-9 1933. Death is said to have occurred on the date stated above, at

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

Cerebral Haemorrhage
Bacterial pneumonia

Date of onset 1 yr.
Edg.

Other contributory causes of importance: J. J. A.

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?
If so, specify

(Signed) James O. Helm M. D.
(Address) New Florence 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.

APR 27 1933

OCCUPATION
MOTHER
FATHER

