

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township White Oak
City (No.)

Registration District No. 347
Primary Registration District No. 54 95-

File No. 22948
Registered No. 40
St. Ward

2. FULL NAME

Ann Elizabeth Helm

(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 Female 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 John Helm
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1858
7. AGE YEARS 75- MONTHS DAYS 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) March 1933
11. Total time (years) all spent in this occupation her life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jonestown Indiana

13. NAME Edward Hartman

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

15. MAIDEN NAME Elizabeth Bowen

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

17. INFORMANT (ADDRESS) Mildred Helm, Wichita

18. BURIAL, CREMATION, OR REMOVAL PLACE Wichita, Kan DATE 7-30 1933

19. UNDERTAKER (ADDRESS) A. P. Smith, Wichita

20. FILED 8/16 1933 Ed Deelor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1933

22. I HEREBY CERTIFY That I attended deceased from March 7 1933 to July 28 1933
I last saw her alive on July 30 1933 Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:
Cardiac Decompensation Date of onset 95 B

Other contributory causes of importance: 95 B

Name of operation no physical Date of
What test confirmed diagnosis? physical signs 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) E. P. Smith M. D.
(Address) Wichita 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.

SEP 26 1933

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19^{3/3} - 7-28
1858 - 7-28
75-0-3