

JAN 1, 1939

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

43238  
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347  
(b) Township White Oak Primary Registration District No. 5492  
(c) City Trich (d) Street No. \_\_\_\_\_ St.  
(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.

2. PRINT FULL NAME

450 Ethel Helm  
(a) Residence, No. Trich mo St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorced  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-6-1894  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
44 10 11  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
9. Industry or business in which work was done, as 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) Trich mo

FATHER 13. NAME Thomas Douglas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co. mo

MOTHER 15. MAIDEN NAME Mary Halsey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Virginia

17. INFORMANT (ADDRESS) Mrs. Cassie Crews  
Phillips mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hickory Grove Cem DATE Dec-18-1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred Wilkinson  
Clinton mo

20. FILED 2-19-38 D. J. R. Hampton  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-17-1938

22. I HEREBY CERTIFY, That I attended deceased from Apr, 1938, to Dec 15, 1938  
I last saw him alive on Dec 14, 1938. Death is said to have occurred on the date stated above, at 7:30 A. m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach  
4<sup>2</sup>

Date of onset? 2 yrs?  
6 mos.

Other contributory causes of importance: General Carcinoma  
Cachexia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical 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 \_\_\_\_\_, 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) J. S. McDonald M. D.  
Trich mo (Address) 312

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.

FORM 9-38 1 X16625

RECEIVED  
District Health Officer No. 71  
District File Number 7-35-12  
Date Filed 1-4-39

**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 *Fred Wilkerson*

Licensed Embalmer No. 2478

P. O. Address *Clinton, Mo*

**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.