

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

Do not use this space.

26764

1. PLACE OF DEATH

County Clay Registration District No. 197 File No. _____
 Township Gallatin Primary Registration District No. 5274 Registered No. 50
 City North Kansas City St. _____ Ward _____

2. FULL NAME

Tom Helman
 (a) Residence, No. Liberty, Mo. Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 3 1/2 yrs. 4 mo. 4 ds. How long in U.S., if of foreign birth? yrs. mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lela Helman
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5 1897
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 1 13
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Laborer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Liberty, Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Albert Helman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Liberty
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mollie Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Liberty
 (STATE OR COUNTRY)

14. INFORMANT Albert Helman
 (Address) Liberty, Mo.

15. FILED 8/19 1928 REGISTRAR W. H. Hagg

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 18 1928
 17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at 10 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Auto Accidents
ran in to auto on highway #69
East of New I. R. C. Mo
State Highway
 CONTRIBUTORY (SECONDARY) in City limits of N. K. C.
215 M

18. WHERE WAS DISEASE CONTRACTED? _____
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS: _____
 (Signed) W. H. Rice Coroner Clay M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Aug 19 1928 (Address) L. C. Jones Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Liberty, Mo. DATE OF BURIAL 8/21 1928

20. UNDERTAKER Morton ADDRESS Mo. K. C. Mo.

WRITE PLAINLY WITH UNFADING INK—PRINTING TO BE USED

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.

