

Every item of information 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. See instructions on back of certificate.

ORIGINAL
STANDARD CERTIFICATE OF DEATH

92-1345
 DEPARTMENT OF VITAL STATISTICS
 STATE OF IOWA

1 PLACE OF DEATH
 County Washington State Ia Registered No. _____
 Township Line Creek or Village _____
 City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Gustave Helrick
 (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 M **4 COLOR OR RACE** W **5 Single, Married, Widowed, or Divorced (write the word)** Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Eckhardt

6 DATE OF BIRTH (month, day, and year) Feb 17 1847

7 AGE Years 80 Months 6 Days 10 If less than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) farmer
 (c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Switzerland

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Switzerland

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or Country) Switzerland

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27 28

17 I HEREBY CERTIFY, That I attended deceased from
Apr 20, 1922, to Apr 27, 1922,
 that I last saw him alive on Apr 27, 1922,
 and that death occurred, on the date stated above, at 5 30 P m.
THE CAUSE OF DEATH* was as follows:
Pneumonia
 (duration) _____ yrs. _____ mos. 9 ds.

CONTRIBUTORY (Secondary) Succession (duration) 1 yrs. _____ mos. _____ ds.

18 Where was disease contracted
 if not at place of death? _____
 Did an operation precede death? no Date of _____
 Was there an autopsy? no
 What test confirmed diagnosis? _____
 (Signed) Geo. D. Miller, M. D.
 _____, 19 (Address) Wellman

*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. (See reverse side for additional space.)

11 Informant Clarence Helrick
 (Address) Wellman Ia

15 Filed 7.14.11, 1928 92-1345 Registrar

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wellman Cemetery **DATE OF BURIAL** April 29
20 UNDERTAKER L. E. Bidwell, Wellman **ADDRESS**

"Iowa, U.S., Death Records, 1880-1904, 1921-1952," database with images, Ancestry.com, entry for Gustave Helrick [Wetrich]; citing Iowa Deaths, 1880-1904, State Historical Society of Iowa, State Archives, Des Moines, Iowa.

Iowa, U.S., Death Records, 1880-1904, 1921-1952

Record Index

Name: Gustave Helrick
Maiden Name:
Gender: Male
Race:
Marital Status:
Age: 80
Birth Date: 1848
Birth Place:
Death Date: 27 Apr 1928
Death Place: Iowa, USA
Burial Date:
Burial Place:
Spouse: Elizabeth Eckhardt
Certificate Number: 921345

Source Information

Record Url: https://www.ancestry.com/imageviewer/collections/61442/images/101784603_01454

Source Citation: State Historical Society of Iowa; Des Moines, Iowa; Iowa Death Records, 1888-1904

Source Information Ancestry.com. *Iowa, U.S., Death Records, 1880-1904, 1921-1952* [database on-line]. Lehi, UT, USA: Ancestry.com Operations, Inc., 2017.

Original data: Iowa Deaths, 1880-1904. State Historical Society of Iowa, State Archives, Des Moines, Iowa.; Iowa, Deaths, 1920-1951. State Historical Society of Iowa, State Archives, Des Moines, Iowa.