

SEP 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County *DeKalb*
Township *Washington*
City *Washington* No. _____

Registration District No. *261*
Primary Registration District No. *5360B*

File No. *30553*
Registered No. *8*
St. _____ Ward _____

2. FULL NAME

Mary Louise Heckendorf
(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 OR *Frank Heckendorf*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov-10-1862*
7. AGE YEARS *74* MONTHS *9* DAYS *17* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housekeeping*
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) *Salt Lake City Utah*

13. NAME *Henry Schmidt*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Louise Reese*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT *Frank Heckendorf* (ADDRESS) *Stewartville Mo*

18. BURIAL, CREMATION OR REMOVAL PLACE *DeKalb County* DATE *Aug 27, 1937*

19. UNDERTAKER *F. G. Aggs* (ADDRESS) *Stewartville*

20. FILED *Aug 28, 1937* *A. E. Saunders* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 27, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *May 16, 1937, to Aug 27, 1937*
I last saw him alive on *Aug 27, 1937* Death is said to have occurred on the date stated above, at *8:30 a.m.*

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

Acute nephritis
(arterio sclerosis)
Date of onset _____

Other contributory causes of importance:
Infected Gall Bladder

Name of operation *none* 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) *M. S. Gale* M. D.
(Address) *Craborn Mo*

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.

