APR 27 1927

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

Do not use this space. 1751 a

1. PLACE OF DEATH

County McDonald — Registration District No. 315

Township Prairie — Primary Registration District No. 4311

City Southwest City (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Israel Gideon Heckman

(a) Residence. No. Southwest City Missouri 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Jane Heckman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 2Ist I845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	8I	3	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Farming and Trucking

(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) McKeesport
(STATE OR COUNTRY) Pennsylvania

PARENTS

10. NAME OF FATHER I.G.Heckman

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

12. MAIDEN NAME OF MOTHER Eliz. Jane Brown

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

14. INFORMANT May Heckman
(Address) Southwest City.Mo

15. FILED 2/2 1927 John J. Nichols REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 29 1927

17. I HEREBY CERTIFY, That I attended deceased from March 26, 1926, to Jan 29, 1927, that I last saw him alive on Jan 29, 1927, and that death occurred, on the date stated above, at 8 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic nephritis

129a

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Organic Heart disease

(duration) yrs. 6 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? Clinical

(Signed) G V Poynor, M.D

, 19 (Address) Southwest City, Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fairmont Nebraska — DATE OF BURIAL 2/2nd 1927

20. UNDERTAKER Nichols Brothers — ADDRESS Southwest City 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.