Dr. Heavenridge

MAR 25 1927

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

Do not use this space.

1829

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No.
Township Mason — Primary Registration District No. 3029 — Registered No. 42
City Hannibal (No. 505, N Section St. St. Ward)

2. FULL NAME Janet T. Mc.Rae
(a) Residence. No. 405 So. Section St. 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 OF: James T. Mc.Rae

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 25 1859

7. AGE: Years 67 — Months 0 — Days 5 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Marion Co. Mo.

PARENTS
10. NAME OF FATHER: Frank Husky
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Dont Know
12. MAIDEN NAME OF MOTHER: Penervell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Dont Know

14. INFORMANT: James T. Mc.Rae
(Address) 405 So. Section St. Hannibal

15. FILED 2/5, 1927 O E Shode REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 30 1927

17. I HEREBY CERTIFY, That I attended deceased from July 1st, 1926, to Jan 30, 1927, that I last saw her alive on Jan 28, 1927, and that death occurred, on the date stated above, at 8:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency

92A (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90A (duration) 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? Clinical
(Signed) R J Heavenridge, M. D
Feb 5, 1927 (Address)

*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: Mt. Olivet — DATE OF BURIAL: 2/1 1927

20. UNDERTAKER: Wm M. Smith — ADDRESS: Hannibal, 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.