JUL 29 1927

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

Do not use this space.

20467

1. PLACE OF DEATH
County Washington
Township ~~Washington~~
City ~~Nevada~~ (No. ..... St. ..... Ward)
Registration District No. 875
Primary Registration District No. 6162
File No. .....
Registered No. 114

2. FULL NAME Fredericka Heckes
(a) Residence. No. Sedalia, Mo. ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 2 mos. 10 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF D.K.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1847 D.K.

7. AGE: Years 80 | Months D. | Days K. | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work D.K. 97
(b) General nature of industry, business, or establishment in which employed (or employer) 84
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) D.K.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER D.K.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) D.K.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER D.K.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D.K.
(STATE OR COUNTRY)

14. INFORMANT Hosp. Records
(Address) Nevada, Mo.

15. FILED 7/6, 1927 E. R. King
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/6/ 1927

17. I HEREBY CERTIFY, That I attended deceased from Mar. 27, 1927, to May 6, 1927 that I last saw her alive on May 6, 1927, and that death occurred, on the date stated above, at 5:10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
arteriosclerosis
91B
D.K. (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Insanity
D.K. (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) S. H. Wykoff, M. D
5/6/, 1927 (Address) Nevada, 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: Montrose Mo
DATE OF BURIAL: 6-8 1929

20. UNDERTAKER: Ferry Funeral Home
ADDRESS: Nevada

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.