

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

Do not use this space.

23468

1. PLACE OF DEATH

County North
Township Fletcher
City Grand City (No. St. Ward)

Registration District No. 983
Primary Registration District No. 6812

File No.
Registered No. 16

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)
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.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF John Heyle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1850-8-26

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 10 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer Grand City

9. BIRTHPLACE (CITY OR TOWN) Grand City
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Decker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Grand City
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Grand City
(STATE OR COUNTRY)

14. INFORMANT H S Heyle
(Address) Grand City Mo.

15. FILED Aug 27 1927 John Clemons
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2- 1927

17. I HEREBY CERTIFY, That I attended deceased from July 4- 1927 to July 5- 1927 that I last saw h.e. alive on July 3- 1927, and that death occurred, on the date stated above, at 3:30 PM.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Gastroenteritis & Nephritis Chronic

131
1203
CONTRIBUTOR (SECONDARY) 290

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? Specs. Findings

(Signed) C. J. Kase, M. D.

July 5, 1927 (Address) Grand 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 Fletcher Cemetery DATE OF BURIAL 7-7 1927

20. UNDERTAKER Orv Brown ADDRESS Grand 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.

