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

Do not use this space.

24391

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township Kaw — Primary Registration District No. 1002 — Registered No. 3118
City Kansas City (No. Wesley Hospital St. Ward)

2. FULL NAME Emma Heatherly
(a) Residence. No. 218 Clinton Place 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 Joseph O. Heatherly

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 5 1896

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
32	6	9	

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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

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

14. INFORMANT Joseph O. Heatherly
(Address) 218 Clinton Place.

15. FILED 8/15, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 14 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1927, to Aug. 14, 1927 that I last saw h. alive on Aug 14, 1927, and that death occurred, on the date stated above, at 10 25 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Intestinal Obstruction
48
[illegible]
[illegible] (duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY) Hystorectomy for Cervical Carcinoma (duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug. 9, 27
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Symptom
(Signed) J. F. Mackey, M. D.
8. 15, 1927 (Address) Luthrop Bldg

*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: Atchison Kansas — DATE OF BURIAL: Aug 16 1927
20. UNDERTAKER: Mrs C L Forster — ADDRESS: 918 Brooklyn

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.

[illegible]
3711 Forest
Wip. 0607
[illegible]
726 Lathrop
Vic 3002 -
Wesley Hosp.
S.A.M.