OCT 24 1927

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

Do not use this space.

26498

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 897
City St. Joseph. (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Catherine George
(a) Residence. No. St., Ward. Fillmore, MO.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

4

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: Arvin E George

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April. 13. 1891.

7. AGE: Years 36 — Months 4 — Days 21 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Household — 144A 144B 149A
(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): Holt County, Missouri.

PARENTS
10. NAME OF FATHER: Frank Heckman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Debuque, Iowa.
12. MAIDEN NAME OF MOTHER: Editha E Hommer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Andrew County, Missouri.

14. INFORMANT: Arvin E George
(Address) Fillmore, MO.

15. FILED SEP 5 1927 — John G. Gutz, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): September 4 1927

17. I HEREBY CERTIFY, That I attended deceased from Sep. 3, 1927, to Sep. 4, 1927, that I last saw her alive on Sep. 4, 1927, and that death occurred, on the date stated above, at 3. p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage & Shock from placenta previa Centralis. 7 1/2 months pregnancy
(duration) since Conception yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Hemorrhage
(duration) yrs. off & on mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Fillmore or Nodaway Mo.
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Sep. 3-1927
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Operative
(Signed) Caryl Porter, M.D.
Sept. 5, 1927 (Address) 731 Faraon

*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: Fillmore, Missouri.
DATE OF BURIAL: Sept. 6. 1927.

20. UNDERTAKER: H. O. Sidenfaden
ADDRESS: 1802 Union Str.

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.