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.

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

Do not use this space. 2872

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 455

City St Louis Mo (No. Barnes Hosp St. ..... Ward)

2. FULL NAME Beulah Mabel Heck

(a) Residence. No. ..... St., 12 Ward. Howard Kansas
(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 Leonard A. Heck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11 - 1893

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
34	6	2	

8. OCCUPATION OF DECEASED 54D 70A
(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) Okla.

PARENTS

10. NAME OF FATHER Guss Sitton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ga.
12. MAIDEN NAME OF MOTHER Laura Leath
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ga.

14. INFORMANT Leonard A. Heck
(Address) Howard Kansas

15. FILED [illegible] 3 [illegible] 19 Mar C Starkcoff REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 - 13 1928

17. I HEREBY CERTIFY, That I attended deceased from 10-31, 1928, to 1-13, 1928 that I last saw her alive on 1-13, 1928, and that death occurred, on the date stated above, at 3.45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Brain Tumor
non Malignant
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Meningitis (Local)
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? Yes DATE OF .....
WAS THERE AN AUTOPSY? Yes.
WHAT TEST CONFIRMED DIAGNOSIS? Operation.
(Signed) A G Heidemann, M. D
, 19 (Address) Barnes Hosp.

*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 Howard Kansas
DATE OF BURIAL Jan 15 1928

20. UNDERTAKER M. H. Marshall
ADDRESS 4469 Washington