MAR 26 1928

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 1160 — File No. 6319
Township ~~Central~~ — Primary Registration District No. 4470 — Registered No.
City University City (No. 6342 Waterman St. Ward)

2. FULL NAME Alice Hannia Heath
(a) Residence. No. 6342 Waterman 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: John W. Heath

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-10-1846

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
82	0	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: house - wife
(b) General nature of industry, business, or establishment in which employed (or employer): at home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lafayette Ind

PARENTS
10. NAME OF FATHER: John L. Hannia
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Lafayette Ind
12. MAIDEN NAME OF MOTHER: Hester A. Sunnalt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio

14. INFORMANT: Bert McCormell
(Address) 6342 Waterman Ave

15. FILED 2-15, 1928 Lillian Burns REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 15 1928

17. I HEREBY CERTIFY, That I attended deceased from June 3, 1927, to Feb 15, 1928, that I last saw her alive on Feb 14, 1928, and that death occurred, on the date stated above, at 7 20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic nephritis
129A
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
(duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam. & urinanalysis
(Signed) Samuel B. Grant, M.D.
Feb 15, 1928 (Address) 3720 Washington Blvd

*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: Lafayette Ind.
DATE OF BURIAL: 2-15 1928

20. UNDERTAKER: Alexander & Lewis
ADDRESS: 6175 Delmar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

3720 Washington Jef. [illegible]