WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

P 25 1928

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

Do not use this space.

26980

1. PLACE OF DEATH
County Gentry
Township Cooper
City ..... (No. ..... St. ..... Ward)

Registration District No. 314
Primary Registration District No. 5429 B

File No. .....
Registered No. 26

2. FULL NAME Gideon Heckenlively
(a) Residence. No. ..... 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: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Sarah E. Heckenlively

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 21-1856

7. AGE: YEARS 72 | MONTHS 1 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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) Iowa

PARENTS
10. NAME OF FATHER Geo. W. Heckenlively
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Charlotte E. Jennings
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Md.

14. INFORMANT Mrs Nettie Snoddy
(Address) Stonberry Mo R.R.1

15. FILED 8/31, 1928 Call & Bernat
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/11 1928

17. I HEREBY CERTIFY: That I attended deceased from Jan 1, 1928, to Aug 10, 1928, that I last saw h..... alive on June 10, 1928, and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bright Dwarf
(Nephritis) Chronic
(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 131 (duration) ..... yrs. ..... mos. ..... ds.

129a

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? .....

(Signed) J. N. Barger, M. D.
8/13, 1928 (Address) Albany 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: Dermeny Cemetery Stonberry Mo
DATE OF BURIAL: 8/14 1928

20. UNDERTAKER: Laton F. Phillips
ADDRESS: Stonberry