JAN 23 1929

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

Do not use this space.

40245

1. PLACE OF DEATH
County Greene Registration District No. 318 File No.
Township Primary Registration District No. 2001 Registered No. 893
City Springfield (No. Baptist Hospital St. Ward)

2. FULL NAME Emma Heeth
(a) Residence. No. 881 S Missouri 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 F.
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 16 - 1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
54	3	7	

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

9. BIRTHPLACE (CITY OR TOWN) Vernon Co.
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER A. J. Clark
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Julia Summers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ill.

14. INFORMANT Mrs. C. G. Hells
(Address) Springfield Mo

15. FILED 12-24 1928 O. C. Horst Mar
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-23 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-22, 1928, to 12-23, 1928 that I last saw her alive on 12-23, 1928, and that death occurred, on the date stated above, at 7A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82A Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) NA

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Nathes Smith M. D
Dec 23, 1928 (Address) Springfield 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 Ft. Scott Kans
DATE OF BURIAL 12-25 1928

20. UNDERTAKER Alma Lohmeyer
ADDRESS 534 St Louis

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.

WHITE PERMANENT, WITH UNFADING INKLEDITHIS IS A PERMANENT RECORD