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

Do not use this space.

43123

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 43123

Township ..... Primary Registration District No. 1003 Registered No. 12416

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

2. FULL NAME Blanche Ivan Heatt

(a) Residence. No. 509 W. Division St., 12 Ward. Springfield Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 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): Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 20 - 1900

7. AGE: Years 28 | Months 3 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(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): Buenavista
(STATE OR COUNTRY): Colorado

PARENTS

10. NAME OF FATHER: George A. Woods
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Two Rivers
(STATE OR COUNTRY): Wisconson
12. MAIDEN NAME OF MOTHER: Elizabeth Urquhart
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Canada

14. INFORMANT: George A. Wood
(Address) 509 W. Division Springfield Mo

15. FILED DEC 28 1928 19..... Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 19 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-18, 1928, to 12-19-, 1928 that I last saw her alive on 12-19-, 1928, and that death occurred, on the date stated above, at 2:55 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tumor of brain - benign
5AD
89A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Hemorrhage into brain (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 12-19-28

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy

12/19/28 (Signed) Norrmack, M. D

(Address) 600 S. Kingshighway

*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: Springfield Mo
DATE OF BURIAL: 12-21 1928

20. UNDERTAKER: Klingaer Und Co.
ADDRESS: Springfield Mo

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 PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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