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

Do not use this space.

5189

FEB 5 1929

1. PLACE OF DEATH

County: Vernon — Registration District No.: 874 — File No.:

Township: Harrison — Primary Registration District No.: 6159 — Registered No.:

City: ~~Arcadia~~ (No. ..... St. ..... Ward)

2. FULL NAME Daisy Pearl Heity

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 4, 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	36	0	9	

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): Monroe
(STATE OR COUNTRY): Jasper Co Iowa

PARENTS

10. NAME OF FATHER: George M. Woodry
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Monroe
(STATE OR COUNTRY): Jasper Co Iowa
12. MAIDEN NAME OF MOTHER: Clara Saunders
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Jasper Co.
(STATE OR COUNTRY): Iowa

14. INFORMANT: Frank Heity
(Address): Arcadia Kansas

15. FILED 1-13, 1929 — H C Carter, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 13 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. Periodically, 1928, to Jan 3rd, 1929 that I last saw her alive on Jan 3rd, 1929, and that death occurred, on the date stated above, at ~~Jan 13~~ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malignant Tumor of Intestines
46 C

about (duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): 45 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at Place of Death
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Don't Know
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dr. H. D. Rowe, M. D
1-13, 1929 (Address) Pittsburg Kans

*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: Mc. Kill Capel — DATE OF BURIAL: Jan 15 1928

20. UNDERTAKER: A. B. Twombly, W. D. Konantz Est. — ADDRESS: Arcadia Kansas.

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.