

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

Do not use this space.

634

**PLACE OF DEATH**

County Jade  
Township Cedar  
City (No)

Registration District No. 238  
Primary Registration District No. 5326

File No. ....  
Registered No. ....  
St. .... Ward

**2. FULL NAME**

Ester Colista Heiskell

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 15 - 1896

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>53</u>	<u>1</u>	<u>8</u>	

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) Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Oliver Burrroughs

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Halter Heiskell  
(Address) Lockwood Mo

15. FILED 1-26-30 J. L. Wren  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1930, to Jan 15, 1930, and that I last saw h. or alive on Jan 15, 1930, and that death occurred, on the date stated above, at 4 PM m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Gastric Cancer  
460 (duration) 1 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) 440 (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 X Ray  
(Signed) J. A. Hape, M. D.  
. 19 (Address) Lockwood 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 Kings Point Mo DATE OF BURIAL Jan 23 1930

20. UNDERTAKER E. P. Baldwin ADDRESS Lockwood 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.

EB 29 1930

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PARENTS

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The following table shows the results of the survey conducted in the year 2017-2018. The data is presented in a tabular format, with columns representing different categories and rows representing the specific data points. The table is organized into several sections, each corresponding to a different aspect of the survey. The first section, titled "Demographics", provides information about the respondents' age, gender, and education level. The second section, titled "Attitudes", explores the respondents' views on various issues. The third section, titled "Behaviors", examines the respondents' actions and habits. The fourth section, titled "Opinions", captures the respondents' thoughts and feelings on specific topics. The fifth section, titled "Recommendations", offers suggestions for improvement based on the survey findings. The final section, titled "Conclusions", summarizes the key findings and provides a final assessment of the survey results.

