

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

Do not use this space.

11865

1. PLACE OF DEATH Cadwell
 County Registration District No. 94
 Township Primary Registration District No. 405-L
 City Breckinridge (No.) St. Ward)

2. FULL NAME Sue Gath Heady
 (a) Residence. No. St. Ward. Troy Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Heady</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 10 1865</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>10</u>
	DAYS <u>2</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>Linco CO Mo.</u> (STATE OR COUNTRY)		
PARENTS	10. NAME OF FATHER <u>Thos G. Nalley</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u>	
	12. MAIDEN NAME OF MOTHER <u>Dont Know</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u>	
14. INFORMANT <u>A. J. Heady</u> (Address) <u>Edwardsville La</u>		
15. FILED <u>4</u> J. 19 <u>30</u> <u>C. A. Thompson</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 12 1930

17. I HEREBY CERTIFY, That I attended deceased from not at all 19..... to 19..... that I last saw her alive on not at all 19..... and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic Insufficiency
Found dead in bed.
9:15 P.

CONTRIBUTORY (SECONDARY) [Signature] (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical Examin & Specimen
 (Signed) A. B. Wilsen M. D.

4-10-1930 (Address) Breckinridge 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 <u>Troy Cemetery</u>	DATE OF BURIAL <u>Apr 14 1930</u>
20. UNDERTAKER <u>T. M. Beck Breckinridge</u>	ADDRESS

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.

