WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

399 1435

1. PLACE OF DEATH
County Jackson
Township Kaw
City K.C. Mo. (No. 3428 Tracy St. Ward)
Registration District No. 100
Primary Registration District No.
File No.
Registered No. 267

2. FULL NAME Mary Ficklin Heller
(a) Residence. No. 3428 Tracy St., 13 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 Fe
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter M. Heller
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 25 - 1879
7. AGE Years 51 Months 4 Days 22 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) Flemmingsburg
(STATE OR COUNTRY) Kentucky
PARENTS
10. NAME OF FATHER David D. Sousley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) No record
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER No Record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No record
(STATE OR COUNTRY)
14. INFORMANT David S. Heller
(Address) 3428 Tracy K.C. Mo.
15. FILED 1/19 1931 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 17 1931
17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1931, to Jan 17, 1931, that I last saw her alive on Jan 16, 1931, and that death occurred, on the date stated above, at 7:20 A.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
(duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY) 108
(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?
(Signed) J. F. Koogler, M. D
1/17, 1931 (Address) 520 Professional

*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 Forest Hill
DATE OF BURIAL Jan 19 1931
20. UNDERTAKER Mrs. C. L. Forster
ADDRESS K.C. Mo.

argyle Vi - 1293
807 W 35 We - 7592