

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

Do not use this space.

10892

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

1. PLACE OF DEATH

7 1/2 County New Madrid
Township _____
City _____ (No. _____) St. _____ Ward _____

Registration District No. 603
Primary Registration District No. 5864

2. FULL NAME

Peter Heck

(a) Residence, No. _____, St. _____, Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Heck</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) | | |
| 7. AGE | YEARS | MONTHS |
| | <u>79</u> | <u>1</u> |
| | | DAYS |
| | | <u>4</u> |
| | | If LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u> | |
| | 10. Date deceased last worked at this occupation (month and year) _____ | 11. Total time (years) spent in this occupation _____ |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gibson Co Ind.</u> | | |
| FATHER | 13. NAME <u>Joseph Heck</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u> | |
| MOTHER | 15. MAIDEN NAME <u>Betty Christie</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>M. Va.</u> | |
| 17. INFORMANT (ADDRESS) <u>Henry Heck</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Malden</u> DATE <u>3-22</u> , 19 <u>31</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>H. L. Craig Malden Mo</u> | | |
| 20. FILED <u>3/21</u> , 19 <u>31</u> | | |

Registrar.

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1931, to March 20, 1931.

I last saw him alive on March 4, 1931. Death is said to have occurred on the date stated above, at 8:40 p. m.

The principal cause of death and related causes of importance were as follows:

Bright's Disease
131
132A

Date of onset

2/16/31

Other contributory causes of importance:

Dropsy - Cordis Renal - Decided 2/16/31
Arteriosclerosis

Name of operation no

Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Dr. J. C. Coulter #. D. O.
(Address) Malden 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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
 County New Madrid Registration District No. 603 File No.
 Township Como Primary Registration District No. 3804 Registered No.
 City (No.) St. Ward)

2. FULL NAME Peter Heck
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1852 Feb 1

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 1 4

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 20 19 31

17. I HEREBY CERTIFY, That I attended deceased from
 19... to 19...
 that I last saw h. alive on 19... and that death occurred, on the date stated above, at.....
 THE CAUSE OF DEATH* WAS AS FOLLOWS:

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY?.....
 WHAT TEST CONFIRMED DIAGNOSIS?.....
 (Signed)....., M. D.
 , 19 (Address)

*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.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 3/21 19 31 Mrs C.S. Blackbird REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
 ADDRESS 19

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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