

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.

NOV 28 1931

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

Do not use this space.

33638

**1. PLACE OF DEATH**

County Buchanan  
Township \_\_\_\_\_  
City St. Joseph

Registration District No. 85  
Primary Registration District No. 1001  
(No. 1608 south 27)

File No. \_\_\_\_\_  
Registered No. 1031  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Female Heckel**

(a) Residence, No. 1608 so. 27 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 9, 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
0 0 0 0 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
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) St Joseph Missouri

13. NAME Karl Heckel  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Missouri

15. MAIDEN NAME Marie Stone  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plano Iowa

17. INFORMANT Karl Heckel  
(ADDRESS) 1608 South 27 St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cemetery  
PLACE St Joseph Mo. DATE October 10, 1931

19. UNDERTAKER H. O. Sideman  
(ADDRESS) 1802 Union St St Joseph Mo.

20. FILED 10-11-31 1931 John R. Bender Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1931, to Oct. 9, 1931.  
I last saw h. or alive on 4 pm Oct 9, 1931. Death is said to have occurred on the date stated above, at 5:30 Pm.

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

General debility  
156 159  
Other contributory causes of importance: Premature delivery  
Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ 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 \_\_\_\_\_, 19\_\_\_\_  
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) Sherry H. Finner, M. D.

(Address) 216 P.S. Bldg

