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.

NOV 23 1932

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

Do not use this space.

32745

1. PLACE OF DEATH

54 County: Lafayette — Registration District No.: 460 — File No.:

5 Township: — Primary Registration District No.: 4274 — Registered No.: 64

4 City: Higginsville Mo. (No. ..., St. ..., Ward)

2. FULL NAME: Mrs. Ruby Olive Mitchener Heaton

(a) Residence. No. ... St., ... Ward. ... (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5a. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF: Fred J. Heaton

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 15th.-1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	37	1	29	

8. OCCUPATION OF DEECEASED

(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): Fristoe
(STATE OR COUNTRY): Benton Co. ; Mo.

PARENTS

10. NAME OF FATHER: Wm. H. Mitchener

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Fristoe
(STATE OR COUNTRY): Benton Co.; Mo.

12. MAIDEN NAME OF MOTHER: Malissa Holley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Fristoe
(STATE OR COUNTRY): Benton Co. ; Mo.

14. INFORMANT: Fred Heaton
(Address): Higginsville Mo

15. FILED: 10-16, 1932 Dr. W. A. Braecklein
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 14 1932

17. I HEREBY CERTIFY, That I attended deceased from ..., 1923, to Oct. 14, 1932, that I last saw her alive on Oct. 14, 1932, and that death occurred, on the date stated above, at 4:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia acute (fulminating) 108 C 108 8 1718 (duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Secondary anaemia due to metrorhagia cause of metrorhagia undetermined. (duration) 8 yrs. 4 mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? 3 Operated 1924. Acute peritonitis.

DID AN OPERATION PRECEDE DEATH? ... DATE OF ...

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) W. E. Kepp embr MD, M. D

Oct 15, 1932 (Address) Higginsville, 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: Higginsville City Cem.

DATE OF BURIAL: Oct. 16 1932

20. UNDERTAKER: Hoper & Monroe Hoper

ADDRESS: Higginsville Mo.