

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

Do not use this space.

34831

1. PLACE OF DEATH

County Buchanan

Registration District No. _____

85

Township _____
City St. Joseph,

Primary Registration District No. **1001**

(No. 1103 North 3rd.

File No. _____
Registered No. 1096
St. _____ Ward)

2. FULL NAME Frances Lenora Heckel,

(a) Residence, No. 1103 North 3rd. St., _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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) Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 0 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Peoria, Illinois, 2

13. NAME Unknown,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, 31
Unknown,

15. MAIDEN NAME Unknown,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown,
Unknown,

17. INFORMANT (ADDRESS) Charles C. Heckel
1103 North 3rd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem. DATE Nov. 15, 1932

19. UNDERTAKER (ADDRESS) Horton - Behle & Bowman
319 S. 10th St. Terminal Home

20. FILED NOV 14 1932 John P. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 1932

I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1932, to Nov. 13, 1932
I last saw her alive on Nov. 13, 1932 Death is said to have occurred on the date stated above, at 12:25 p.m.

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

82A
97
102
Cerebral apoplexy
1

Other contributory causes of importance: Arteria Arteriosclerotic + Blood Pressure

Name of operation Cloned Date of _____
What test confirmed diagnosis? Cloned Was there an autopsy? No

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? No

If so, specify _____ (Signed) R. W. Beck, M. D.
(Address) St. Joseph, 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.

WRITE PLAINLY, WITH OMPADING INK—THIS IS A PERMANENT RECORD

JAN 7 1933

