

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

Do not use this space.

8030

RJ

1. PLACE OF DEATH

County Butler Registration District No. 925 File No. 8030
Township Ash Hill Primary Registration District No. 5134C Registered No. RJ
City Franklin (No.) St. Ward)

2. FULL NAME Mahlon Heacock

(a) Residence, No. St. Ward. (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 <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>Betha Heacock</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 16 1863</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>11</u>
	DAYS <u>28</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.	
	10. Date deceased last worked at this occupation (month and year) <u>Mar 14 1933</u>	11. Total time (years) spent in this occupation <u>1/2</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Herrington Ind</u>		
FATHER	13. NAME <u>Mahlon Heacock</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>	
MOTHER	15. MAIDEN NAME <u>Don't know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
17. INFORMANT (ADDRESS) <u>Aira Heacock</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ash Hills</u> DATE <u>3/17</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Wilson F. Galties Frank, Mo</u>		
20. FILED <u>Mar 15 1934</u> <u>Oloys Parker</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1934 to Mar 11 1934
I last saw him alive on Feb 13 1934 Death is said

to have occurred on the date stated above, at 11:20 a. m.
The principal cause of death and related causes of importance were as follows:

Septicemia of left hand and arm Date of onset Dec 15 1933

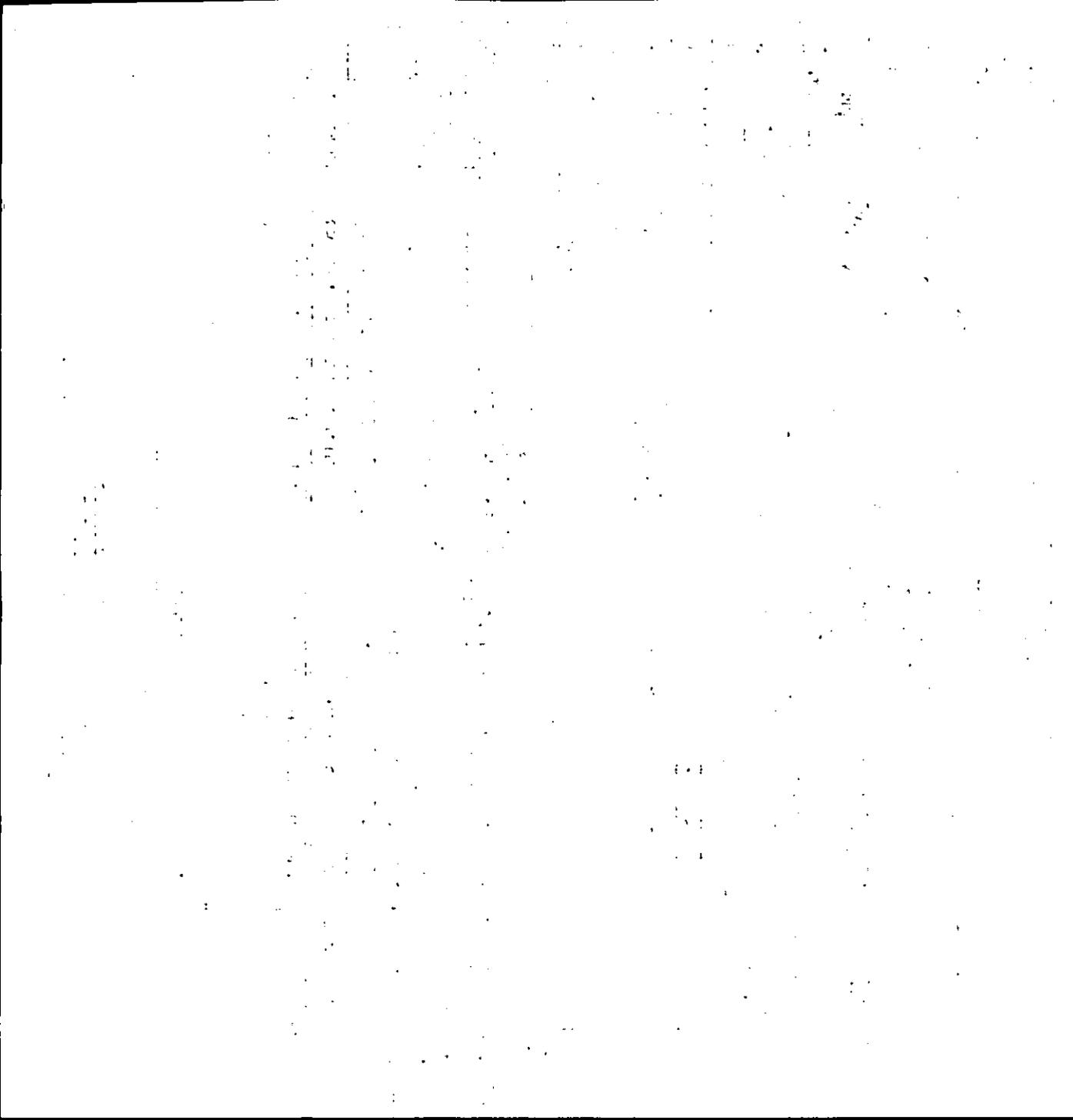
36
16 2 1
Other contributory causes of importance:
Age and general Septicemia

Name of operation left arm 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) R. T. Tarpley Gisk, M. D.
(Address)



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Butler
Township Ash Hill
City (No. St. Ward)

Registration District No. 925
Primary Registration District No. 5134e

File No.
Registered No. 43

2. FULL NAME

Mahton Heasack

(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) w

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

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

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 3/15 194 Gloγο Parker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 13 1934

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19... I last saw him alive on 19... Death is said to have occurred on the date stated above, at m.

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

Sepsis of left hand and arm Date of onset

Cause of infection unknown

Other contributory causes of importance:

Name of operation 36 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), M. D. (Address)

SUPPLEMENTARY

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

