

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

Do not use this space.

9178

APR 25 1934

1. PLACE OF DEATH

County Jackson Registration District No. 377
 Township Kaw Primary Registration District No. 1
 City Kansas City, Mo. (No. 2843 Troost) St. Ward

2. FULL NAME Mrs. Mary Jane Fulmer Heckendorn

(a) Residence, No. 807 Lydia 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sam Heckendorn
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6, 1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 5 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 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) Pa

FATHER 13. NAME Washington Bender

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

MOTHER 15. MAIDEN NAME Sarah Kinsey

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

17. INFORMANT Rolla Fulmer
 (ADDRESS) 1024 W College, Indep. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Moriah Cem. DATE Mar. 28-34

19. UNDERTAKER C.H. Blackman & Son
 (ADDRESS) 2825 Indep. Blvd. K.C. Mo.

20. FILED 3-27, 1934 Wm Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 25-34, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1934, to March 25, 1934
 I last saw him alive on March 23, 1934. Death is said to have occurred on the date stated above, at 6:15 m. PM
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
1934
 Other contributory causes of importance:
Cardio Vascular
Renal Disease
 Date of onset

Name of operation None Date of
 What test confirmed diagnosis? Phys Exam 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?
 If so, specify
 (Signed) W.C. Hanley, M. D.
 (Address) 539 1/2 Math St

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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6th & Main.

Nelson

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Mr. Simonson