

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

Do not use this space.

42741

**1. PLACE OF DEATH**

County Hickory  
Township Johnson  
Cross Timbers

Registration District No. 361  
Primary Registration District No. 5506

File No. \_\_\_\_\_  
Registered No. 9  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. Mo 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1934, to Dec 27, 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9, 1865

I last saw him alive on Dec 27, 1934. Death is said to have occurred on the date stated above, at 7:00 p.m.

7. AGE YEARS 68 MONTHS 3 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

Lobar Pneumonia Date of onset Dec 20

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. \_\_\_\_\_

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

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME W. C. Heckman

Name of operation None Date of \_\_\_\_\_

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

What test confirmed diagnosis? Epan. Was there an autopsy? No

15. MAIDEN NAME Martha Hicks

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

17. INFORMANT Effie Heckman (ADDRESS) Cross Timbers

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Cross Timbers DATE 17 30 34

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

19. UNDERTAKER J. R. Tugway (ADDRESS) Johnson Co Mo

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

20. FILED Dec 30, 1934 W. O. Peacock Registrar.

(Signed) J. L. Johnston M. D.  
(Address) Johnson Co 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.

