

SEP 24 1935

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

Do not use this space.

26920

## 1. PLACE OF DEATH

County Linn  
Township Brookfield  
City Brookfield (No. \_\_\_\_\_)

Registration District No. 496  
Primary Registration District No. 3025

File No. \_\_\_\_\_  
Registered No. 74 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Helen Catherine Heckman

(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 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4, 7, 1902</u>		
7. AGE YEARS <u>33</u>	MONTHS <u>4</u>	DAYS <u>19</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>At Home</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) _____
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Dixon Ill.  
(STATE OR COUNTRY)13. NAME O. H. Heckman14. BIRTHPLACE (CITY OR TOWN) Dixon Ill.  
(STATE OR COUNTRY)15. MAIDEN NAME Alice Potter16. BIRTHPLACE (CITY OR TOWN) Benton Harbor Mich.  
(STATE OR COUNTRY)17. INFORMANT O. H. Heckman  
(ADDRESS) Brookfield Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE Aug. 28, 193519. UNDERTAKER O. W. [unclear]  
(ADDRESS) Brookfield Mo.20. FILED Aug. 28, 1935 J. H. Lucas, M. D.  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26, 1935I HEREBY CERTIFY, That I attended deceased from June 1, 1935 to Aug. 26, 1935I last saw her alive on Aug. 26, 1935 Death is saidto have occurred on the date stated above, at 8 A. M.

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

Myocarditis Date of onset 6/30Valvular RegurgitationInfantile Paralysis 1905

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

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Smear 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) [Signature] M. D.(Address) Brookfield 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.

