

NOV 19 1935

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

Heikerson  
Do not use this space.

31837

1. PLACE OF DEATH

County Boone  
Township Centralia  
City Centralia (No. ....)

Registration District No. 72  
Primary Registration District No. 4041

File No. ....  
Registered No. 3533 St. .... Ward)

2. FULL NAME

Margaret B. Heikerson

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

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dr. W. Austine</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-22-1877</u>		
7. AGE	YEARS	MONTHS
	<u>58</u>	<u>6</u>
		<u>8</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>Sawmiller</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) Boone Co (STATE OR COUNTRY) Mo.

13. NAME W. D. Heikerson

14. BIRTHPLACE (CITY OR TOWN) Boone Co (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Bettie Brooks

16. BIRTHPLACE (CITY OR TOWN) Boone Co (STATE OR COUNTRY) Mo.

17. INFORMANT Dr. W. Austine (ADDRESS) Centralia Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Centralia Mo DATE Nov 1 1935

19. UNDERTAKER W. H. McAllister (ADDRESS) Centralia Mo

20. FILED 10/31 1935 J. F. Heikerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-30 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-14 1935, to 10-30 1935.  
I last saw her alive on Oct 29 1935. Death is said to have occurred on the date stated above, at 10:45 a.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy

Other contributory causes of importance:

Name of operation .....

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

Manner of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) J. F. Heikerson, M. D.  
(Address) Centralia 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.

STATE OF MISSOURI WITH CHANGING INDEX THIS IS A PERMANENT RECORD

