

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

Do not use this space.

DEC 27 1935

36922

1. PLACE OF DEATH

County Missouri Registration District No. 656
Township Holland Primary Registration District No. 6281
City 11 (No. 11) St. Ward

2. FULL NAME

W. D. Heathcock
(a) Residence, No. Holland mo 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. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>wn</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-30-1930</u>		
7. AGE	YEARS	MONTHS
<u> </u>	<u> </u>	<u>1</u>
		DAYS
		<u>26</u>
		If LESS than 1 day, <u> </u> hrs. or <u> </u> min.
OCCUPATION	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) <u>Hickman Ky</u>		
FATHER	13. NAME <u>Chas Heathcock</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perks Ill</u>	
MOTHER	15. MAIDEN NAME <u>Myrtle Wilkerson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Barren Tenn</u>	
17. INFORMANT (ADDRESS) <u>Chas Heathcock Holland mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wm Zion</u> DATE <u>11-26</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Esson mnd 20</u>		
20. FILED <u>12-14</u> , 19 <u>35</u> <u>Tombogener</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-25-1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .
I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at H. A. m.
The principal cause of death and related causes of importance were as follows:
Culitis
Date of onset

Other contributory causes of importance:

Name of operation none Date of X
What test confirmed diagnosis? WBC Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury X, 19X
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) B F Jones, M. D.
(Address) Holland mo

WRITE PRINTED, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

