

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

Do not use this space.

MAR 24 1936

1. PLACE OF DEATH

County Peru
Township Superior
City St. Mo (No.) St. Ward)

Registration District No. 655
Primary Registration District No. 877

File No.
Registered No.

7101

2. FULL NAME

Mavis E Heathcock

(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. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-2-1918
7. AGE YEARS 17 MONTHS 5 DAYS 18 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) Denton Mo

FATHER
13. NAME J. W. Heathcock

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

MOTHER
15. MAIDEN NAME Rosie Jones

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

17. INFORMANT (ADDRESS) Walter Heathcock
St. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Deater DATE 2-29 1936

19. UNDERTAKER (ADDRESS) Gannon Undert Co
St. Mo

20. FILED 43-10 1936 S. L. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-6, 1936, to 2-20, 1936
I last saw her alive on 2-20, 1936 Death is said to have occurred on the date stated above, at 1:30 P m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Influenza
Date of onset

Other contributory causes of importance:
Influenza

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Copical Agglutination

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 J. W. Robbins, M. D.
(Signed) St. Mo
(Address) St. Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

