

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

Do not use this space
10411
100

APR 18 1936

1. PLACE OF DEATH

County.....Iron.....

Registration District No. 1034

File No. 10411

Township.....Liberty.....

Primary Registration District No. 5547

Registered No. 100

City.....Chloride, Mo..... (No., St. Ward)

2. FULL NAME.....Mary Ann Heaston.

(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 Female **COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 7 - 1857.

7. AGE YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**
79 - 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... House wife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... Toronto Canada.
(STATE OR COUNTRY)

10. NAME OF FATHER Robert Edmonds.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hull England
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) unknown

14. INFORMANT..... Arthur Heaston.
(Address) Chloride Mo.

15. FILED..... Apr 4, 1936 Mrs Julia Soley.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 9 1936

17. I HEREBY CERTIFY, That I attended deceased from Jan 10
1936, to March 9, 1936

that I last saw her alive on March 8, 1936, and that death occurred, on the date stated above, at 6:00 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aortic regurgitation

CONTRIBUTORY (SECONDARY) Possibly carcinoma of throat
(duration) can't say

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed)..... C. M. Fitzpatrick, M. D.
, 19 (Address) Centerville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Chloride Mo. **DATE OF BURIAL** Mar 11 1936

20. UNDERTAKER Norman White & Son. **ADDRESS** Iron ton m

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.

