JUN 27 1936

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

Do not use this space.

18236

1. PLACE OF DEATH
County Stone
Township
City Crane (No. 4512 St. Ward)
Registration District No. 842
Primary Registration District No. 6104
File No.
Registered No.

2. FULL NAME Mary Ann Heatherly
(a) Residence, No. Crane 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. 8 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) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 22 1861

7. AGE YEARS 75 MONTHS 1 DAYS 1 If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME D. F. Corner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) —

MOTHER
15. MAIDEN NAME Hester Young
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Jefferson Heatherly Crane Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Aurora DATE 4-24 1936

19. UNDERTAKER (ADDRESS) Geo H Monlove Crane Mo

20. FILED 4-24 1936 Mrs Ethel Doggett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-20-, 1936, to 4-23-, 1936
I last saw her alive on 4-19-, 1936. Death is said to have occurred on the date stated above, at 12 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular renal disease	1-1-33

Other contributory causes of importance:
Hypertension

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? 220

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) H. L. Kerr, M. D.
(Address) Crane 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.