WRITE PLAINLY, 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.

FEB 16 1937

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

Do not use this space.

437

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 124
Township — Primary Registration District No. 4070
City Jackson Mo (No. ... St. ... Ward)

File No.
Registered No. 3

2. FULL NAME Mrs Gertrude Heyde

(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1 1858

7. AGE YEARS 78 MONTHS 11 DAYS 13 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 23
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) German Town Pa

FATHER
13. NAME F. O. Tiedeman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Wilhelmina Keyser
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Wm A. Heyde Jackson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Jan 18 1937

19. UNDERTAKER (ADDRESS) McCombs Furn Lead Co Jackson Mo

20. FILED 1-16 1937 D. G. Seiber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..., 1935, to Jan 14, 1937
I last saw her alive on Jan 14, 1937. Death is said to have occurred on the date stated above, at 12:35 P.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Some central lesion of the brain affecting the insand and impairing respiration at the end

Other contributory causes of importance:
Invalidism of greater or less degree of several years — Senility —

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

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
(Signed) Bernard W. Hays, M. D.
(Address) Jackson, Missouri