

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

Do not use this space.

FEB 16 1937

798

1. PLACE OF DEATH

33 County DeWitt
1 Township Saline Mo
2 City Saline Mo (No.)

Registration District No. 266
Primary Registration District No. X164

File No.
Registered No. 3
St. Ward)

2. FULL NAME

Francis Jane Heaton
(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

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 William Heaton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7th 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 3 3

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.

10. Date deceased last worked at this occupation (month and year) 1-10-1937 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Geny, Mo

13. NAME John M. Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London, Eng.

15. MAIDEN NAME Rhoda A. Fox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Geny, Mo

17. INFORMANT (ADDRESS) William Heaton, Saline, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stone Hill Mo DATE 1-12-1937

19. UNDERTAKER (ADDRESS) W. Spencer, Saline, Mo

20. FILED 1-11 1937 W. C. Todd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10th 1937

22. I HEREBY CERTIFY That I attended deceased from Jan. 1, 1937, to Jan. 10th, 1937

I last saw him alive on 1-10, 1937. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Apoplexy, cerebral Date of onset 1-10-37

Other contributory causes of importance: Arterio-sclerosis

Name of operation none Date of

What test confirmed diagnosis? Thy. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Where did injury occur?

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) W. C. Todd M. D.

(Address) Saline, 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.

