FEB 25 1937

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

Do not use this space.

1214

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1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 3716 Virginia 2 St. Ward)

2. FULL NAME Margaret Hess Heston 3716

(a) Residence, No. 3716 Virginia St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-1-1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	72	5	1	

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. 235

10. Date deceased last worked at this occupation (month and year) Jan. 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethlehem Penn.

FATHER

13. NAME Samual Grossman

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

MOTHER

15. MAIDEN NAME Mary Hess

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

17. INFORMANT L.J.Flora
(ADDRESS) 3716 Virginia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt.Moriah DATE Jan.2 37 19

19. UNDERTAKER D.W.Newcomer's & Sons
(ADDRESS) Brushcreek & Paseo

20. FILED 1-2 1937 M.M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan.1,1937 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1936, to Jan 1, 1937

I last saw her alive on Jan 1, 1937. Death is said to have occurred on the date stated above, at 4:30am

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

	Date of onset
Acute Pulmonary edema	1-1-37

Other contributory causes of importance:

Hypertension	1935
Hypoacuditis, chronic	

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam. Was there an autopsy? No

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) T.M. Zeigler M. D.

(Address) Gladys Theatre

CAUSE OF DEATH must be filled in plainly and completely so that it may be properly classified.

5446 Harmatz Hi 9792
Send to his office 11 Am Sat.