APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County: St. Louis County — Registration District No. 789 — File No. 13412

Township: Central — Primary Registration District No. 6033 — Registered No. 92

City: ..... (No. St. Vincent's Sanitarium St. ..... Ward)

2. FULL NAME Mrs. Annie Heckethorn

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

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew J. Heckethorn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7th, 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	79	0	11	

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.

10. Date deceased last worked at this occupation (month and year) January 1937 — 11. Total time (years) spent in this occupation 50 Years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kenmundy Illinois

FATHER

13. NAME Jonathan Green

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Sister Mary Irene, Sec'y
(ADDRESS) St. Vincent's Sanitarium

18. BURIAL, CREMATION, OR REMOVAL
PLACE Vandalia, Illinois DATE March 21, 1937

19. UNDERTAKER Albert H. Hoppe Inc.,
(ADDRESS) 429 N. Euclid Avenue

20. FILED 3-20-, 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18th, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1937, to March 18, 1937

I last saw her alive on March 18, 1936 Death is said to have occurred on the date stated above, at 5:30 P m.

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

	Date of onset
Progressive Cerebral Thrombosis	
Generalized Arteriosclerosis	

Other contributory causes of importance: Hypertensive Heart Disease Senility

Name of operation None Date of .....

What test confirmed diagnosis? ..... 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? No

If so, specify .....

(Signed) Wm E. Moore M D, M. D.

(Address) 7301 Natural Bridge Rd Normandy 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.