JUL 31 1937

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

Do not use this space.

Dr Pinion

24490

1. PLACE OF DEATH
County Pemiscot
Township Little Prairie
City Caruthersville (No. ..... St. ..... Ward)
Registration District No. 651
Primary Registration District No. 4388
File No. .....
Registered No. 69

2. FULL NAME Stith Eliza Heathcock
(a) Residence, No. 603 Franklin St 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. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-14-1873

7. AGE YEARS 63 MONTHS 9 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. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Billman Industry
10. Date deceased last worked at this occupation (month and year) May 1937
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caruthersville Mo

FATHER
13. NAME James T. Heathcock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florida

MOTHER
15. MAIDEN NAME Leanna Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) S. M. Heathcock Caruthersville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maplecrest DATE 6-28-1937

19. UNDERTAKER (ADDRESS) [illegible] Caruthersville, Mo.

20. FILED July 2, 1937 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27-, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 14-, 1937, to June 27, 1937
I last saw him alive on June 14-, 1937. Death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1935

Other contributory causes of importance: 23

Name of operation ..... 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) J. R. Pinion, M. D.
(Address) Caruthersville, 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.