

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

Do not use this space.

OCT 19 1937

File No. **33387**

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Paul Primary Registration District No. 1002
 City Maumour Ore. No. 3028 Grand St. _____ Ward _____

2. FULL NAME Ada Heron
 (a) Residence, No. 3028 Grand 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OF RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1 1889

| | | | |
|---------------------------|---------------------|-------------------|--|
| 7. AGE YEARS <u>49</u> | MONTHS <u>11</u> | DAYS <u>22</u> | If LESS than 1 day, _____ hrs. or _____ min. |
|---------------------------|---------------------|-------------------|--|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME Gene G. Heron

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

15. MAIDEN NAME Martha Clark

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

17. INFORMANT (ADDRESS) Mr. H. M. Pockery 3028 Grand

18. BURIAL, CREMATION, OR REMOVAL PLACE Carrollton DATE Sept 24 1937

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster 415 Broadway Ave

20. FILED 9/23 1937 M. M. Brown Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1937 to Sept 23 1937

I last saw h. u. alive on Sept 22 1937 Death is said to have occurred on the date stated above, at 1:30 P
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Disease
 Date of onset 1935

Other contributory causes of importance: 72 B

Name of operation no 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? no
 If so, specify _____
 (Signed) Wm. J. Paul M. D.
 (Address) 707 Woodlawn Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION
MOTHER FATHER

U2 8957
22 call line
Call at once