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.

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

Do not use this space.

DEC 20 1937

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1

1. PLACE OF DEATH
County Howard
Township Charlton
City Glasgow (No. ..... St. ..... Ward)

Registration District No. 379
Primary Registration District No. 4223

File No. 41416
Registered No. .....

2. FULL NAME Grace Orien Heggemeir

(a) Residence, No. ..... 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. 1 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Wm Heggemeir

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18 1878

7. AGE Years 59 Months 1 Days 7 If LESS than 1 day, ... hrs. or ..... min.

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) August 1, 1937
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County Mo.

FATHER
13. NAME Henry T. Nation
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Olivia Frances
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County Mo

17. INFORMANT (ADDRESS) J. W. Stevenson Glasgow Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Walnut Ridge DATE Nov. 27 1937

19. UNDERTAKER (ADDRESS) Walker Audsley Glasgow Mo.

20. FILED 11-26 1937 J. W. Gardner M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-18, 1937, to 11-25, 1937
I last saw her alive on 11-25-, 1937. Death is said to have occurred on the date stated above, at 2:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Metastases	?
Carcinoma Rt. Breast	?
Coronary Disease	?

Other contributory causes of importance: 50

Name of operation Breast Amputation Date of 1932
What test confirmed diagnosis? Clinical 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. W. Gardner, M. D.
(Address) Glasgow Mo.