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.

JAN 17 1938

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

Do not use this space.

44384

1. PLACE OF DEATH

County Jackson, Registration District No. 399 File No. 5287

Township Kaw, Ward Primary Registration District No. 1002 Registered No.

City Kansas City, Missouri. 1112 Oakley Avenue, City. St. Ward)

2. FULL NAME Mary H. Heflin,

(a) Residence, No. 1112 Oakley Avenue, City St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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 Harry E. Heflin,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE: YEARS 59 | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 23

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) Iowa

FATHER

13. NAME Thomas Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales. 9

MOTHER

15. MAIDEN NAME No Record.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record. 31

17. INFORMANT (ADDRESS) Harry H. Heflin, 1112 Oakley Kansas City, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah, Cem. DATE Dec. 31 - 1937

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster, K.C.Mo. 918 Brooklyn Avenue, K. C. Mo.

20. FILED Dec 30, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28th, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1937, to 12 - 28 -, 1937

I last saw her alive on 12 - 28 - -, 1937 Death is said to have occurred on the date stated above, at 7 A.M.

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

	Date of onset
Cardiac - Vas near renal disease - Mitral insufficiency & Cardiac decompensation	8 mo-

Other contributory causes of importance: 92

Name of operation none Date of

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) C H Allen, M. D.

(Address) Independence, Mo.

Dr. Allen, C. H.
at Indp. Mo.
Office Ph: Indp. 2343.

3rd. 1st. National
Bank Bldg.