

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

Do not use this space.

2156

**1. PLACE OF DEATH**

County BUCHANAN Registration District No. 86  
 Township Washington Primary Registration District No. 5127  
 City ST. JOSEPH (No. R.R.#1) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** BETTY ANNE HECKER 260

(a) Residence, No. R.R.#1 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX FEMALE 4. COLOR OR RACE WHITE 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. 25 TH. 1936

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, .....hrs. or .....min.  
1 2 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 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) ST. JOSEPH, MO. R.R.# 1 MO.

13. NAME GLEN HECKER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PATTONSBURG, MO.

15. MAIDEN NAME MARY BELDEN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MORRELL COUNTY, NEBR.

17. INFORMANT MR. & MRS. GLEN HECKER  
 (ADDRESS) R.R. 1 ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE JAN. 19TH. 1938

19. UNDERTAKER (ADDRESS) FLEEMAN & SON, INC. 1946 CALHOUN ST. JOSEPH, MO.

20. FILED Jan. 18, 1938 B. H. Tadlock M.D. Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 17TH 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1938, to Jan 17 1938  
 I last saw h. ER Jan 17 1938 Death is said to have occurred on the date stated above, at 10.30 A m.

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

Ilio colitis Date of onset 1-14-38

Other contributory causes of importance:

Acute Bronchitis Jan 7-38

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis chest Was there an autopsy? yes

23. (If due to external cause (violence), fill in also the following: Accident, suicide, or homicide) \_\_\_\_\_ Date of injury \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify where injury occurred in industry, in home, or in public place. FEB 21 1938

Manner of injury \_\_\_\_\_

Was cause of injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) J. R. Elliott M. D.  
 (Address) 801 1/2 Brown st city

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.

