

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

25766
 Do not use this space.

REC'D AUG 25 1938

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 467

(b) Township Aurora Primary Registration District No. 4280

(c) City Aurora (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Minnie Alice Heagerty 263

(a) Residence, No. _____ St. (If nonresident, give city or town and State) _____

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 W. G. Heagerty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 27 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
<u>74</u>		<u>3</u>	<u>23</u>	

OCCUPATION

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

9. Industry or business in which work was done, as 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) Kentucky (STATE OR COUNTRY) _____

FATHER

13. NAME Levi Clark

14. BIRTHPLACE (CITY OR TOWN) Ky. (STATE OR COUNTRY) _____

MOTHER

15. MAIDEN NAME Mary E Riley

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

17. INFORMANT (ADDRESS) Mrs Katherine Axon
Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE July 21, 1938

19. FUNERAL DIRECTOR (NAME) King Funeral Home (ADDRESS) Aurora Mo.

20. FILED 7-19, 1938 P. D. Cowan M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 1938, to July 19, 1938

I last saw him alive on July 19, 1938. Death is said to have occurred on the date stated above, at 4pm m.

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

Cerebral Hemorrhage

Other contributory causes of importance:

Hypertension
Chronic myocarditis
Chronic cardiac valvular disease

Name of operation None Date of _____

What test confirmed diagnosis? Element 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 _____, 1938

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) P. D. Cowan, M. D.
(Address) Aurora Mo.

N. B.—Every item of this form 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

J. Lewis King

Licensed Embalmer No. *35829*

P. O. Address *Aurora, Ill.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

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