

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

REC'D FEB 27 1939

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

Do not use this space.

1. PLACE OF DEATH

County Saline
Township Salt Pond
City Sweet Springs (No. 256)

Registration District No. 801
Primary Registration District No. 4480

File No. 3991
Registered No. 27
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 115 Bridge St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 6 mos. - 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF James Gilbert Heisner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13-1914

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
24 9 24

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) July 1938 11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newland Missouri

13. NAME Robert C. Scott

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

15. MAIDEN NAME Lulu Pearl Rodgers

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

17. INFORMANT James G. Heisner
(ADDRESS) Sweet Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL Interred
PLACE Sweet Springs DATE January 8, 1939

19. UNDERTAKER Jessett Harley
(ADDRESS) Sweet Springs, Mo.

20. FILED Jan 9, 1939 Mrs. John Shellenbeger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1938 to Jan. 6, 1939

I last saw her alive on Jan. 6, 1939 Death is said to have occurred on the date stated above, at 10:40 a.m.

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

Malignant tumor of the Brain Date of onset July 1938

Other contributory causes of importance: 52'

Name of operation Ventriculography Date of operation Aug 1938
What test confirmed diagnosis? Clinical, X-ray, Pathology

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 N.A.P.C.
Nature of injury N.A.P.C.

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____

(Signed) A. H. Pingen, M. D.

(Address) Sweet Springs, Mo.

RECEIVED

District Health Officer No. 8,

District File Number

85/29

Date Filed