

JUN 13 1939

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

Do not use this space.

1. PLACE OF DEATH

County *Butter*

Registration District No. *89*

Township

Primary Registration District No. *3007*

City *Poplar Bluff* (No. *2*)

File No. *18160*

Registered No. *138*

2. FULL NAME

Arthur Ernest Hecker

(a) Residence, No. *Wine St*

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.

mos.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married.

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Maye Scott

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

5-14-1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

61

0

17

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

Enggr

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

Electrical

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

1

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

Peters

13. NAME

Ernest Hecker

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

Germany

15. MAIDEN NAME

D. H.

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

11

17. INFORMANT (ADDRESS)

Maye Hecker

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Jacksonville

DATE

6-4

19. UNDERTAKER (ADDRESS)

Frank & Co. Poplar Bluff

20. FILED

6/4

19. *39*

Blutinger

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 1st, 1939

22. I HEREBY CERTIFY, That I attended deceased from

June 1st, 1939, to June 1st, 1939.

I last saw him alive on *May 29th, 1939.* Death is said

to have occurred on the date stated above, at *11:00 p.m.*

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

Coronary Occlusion

Date of onset

6/1/39

Other contributory causes of importance:

*Diabetes mellitus
Hypertension
Generalized Atherosclerosis*

1936

1937

1936

Name of operation

Date of

What test confirmed diagnosis?

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

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)

G. L. Qualls, M. D.

89 (Address) *Poplar Bluff, Mo*

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.

Corrected by affidavit June 21-1939

See affidavit # 190 in misc file 1939