

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.

1928

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

Do not use this space.

853

**1. PLACE OF DEATH**

County Harrison Registration District No. 347 File No. 8  
 Township Clinton Primary Registration District No. 3018 Registered No. 8  
 City Clinton (No.       ) St.        Ward       

**2. FULL NAME Hattie May Heydon**

(a) Residence. No.        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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)       

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 20 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF       

I HEREBY CERTIFY, That I attended deceased from Jan 17, 1928, to Jan 20, 1928  
 that I last saw h... alive on Jan 20, 1928, and that death occurred, on the date stated above, at 9:00 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 21 1927

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Exfoliation Dermatitis

7. AGE YEARS 1 MONTHS 2 DAYS 29  
 If LESS than 1 day, hrs.        or min.       

CONTRIBUTORY (SECONDARY) 153 B  
154 B (duration) yrs. mos. ds. 10

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work         
 (b) General nature of industry, business, or establishment in which employed (or employer)         
 (c) Name of employer L. A. Heydon

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH...  no  
 DID AN OPERATION PRECEDE DEATH...  no DATE OF         
 WAS THERE AN AUTOPSY?  no  
 WHAT TEST CONFIRMED DIAGNOSIS... none  
 (Signed) S. W. Wolker, M. D.  
 (Address) Clinton Mo

9. BIRTHPLACE (CITY OR TOWN) Bolivar  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER L. A. Heydon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know  
 (STATE OR COUNTRY)       

12. MAIDEN NAME OF MOTHER Virginia Boykin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clinton Mo  
 (STATE OR COUNTRY) Clinton Mo

14. INFORMANT John Harris  
 (Address) Clinton Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

15. FILED Jan 21 28 Dr. E. C. Peeler  
 REGISTRAR by J.B.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton DATE OF BURIAL Jan 21 1928

20. UNDERTAKER Times Wellman ADDRESS Clinton Mo

