MAY 25 1934

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

Do not use this space.

15407

1. PLACE OF DEATH
100 County Scott
Township
City Illmo. (No. , St. Ward)

Registration District No. 1154
Primary Registration District No. 6061

File No.
Registered No.

2. FULL NAME Mary Louisa Whitehead

(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 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF William I Whitehead

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21, 1864

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
70	3	8	

OCCUPATION

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

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) Madison Co. Mo

FATHER

13. NAME James S Heggs

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

MOTHER

15. MAIDEN NAME Ruth —

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

17. INFORMANT (ADDRESS) William I. Whitehead Illmo, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Boss Cem. Bollinger Co DATE May 1, 1934

19. UNDERTAKER (ADDRESS) Bisplinghoff & Hubbard Illmo Mo

20. FILED V-14 19 34 B. D. Dolan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1934

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1934, to 4/29, 1934

I last saw h. alive on 4/27, 1934. Death is said to have occurred on the date stated above, at 4 p.m.

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

	Date of onset
Carcinoma of uterus	
Uremia	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address) Cape Girardeau 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.