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

Do not use this space. X

1968

FEB 19 1936

1. PLACE OF DEATH

County _Lawrence_ Registration District No. _470_ File No. _____

Township _Mt Vernon_ Primary Registration District No. _5-6334_ Registered No. _6_

City _Mt Vernon_ (No. _____ St. _____ Ward)

2. FULL NAME _Mary Heidbreder_

(a) Residence, No. _California_ St. _Mo_ 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

3. SEX _Female_

4. COLOR OR RACE _Wh._

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

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

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

7. AGE YEARS _15_ MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) _Sept 1934_

11. Total time (years) spent in this occupation

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

FATHER

13. NAME _T Sherman Heidbreder_

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

MOTHER

15. MAIDEN NAME _Mary Leib_

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

17. INFORMANT (ADDRESS) _Self_

18. BURIAL, CREMATION, OR REMOVAL
PLACE _Alpena Mo_ DATE _Jan 8th 36_

19. UNDERTAKER (ADDRESS) _H D Fossett Mt Vernon_

20. FILED _Jan 9_ 19_36_ _P A Holmes_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Jan 8 1936_

22. I HEREBY CERTIFY That I attended deceased from _9-30-35_, 19____, to _1-8-36_, 19____.

I last saw h__ alive on _1-8-36_, 19____. Death is said to have occurred on the date stated above, at _5:30_ A. m.

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

Pulmonary Tuberculosis

Date of onset _9-34_

Other contributory causes of importance

Name of operation _none_ 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) _Chester J Keller_, M. D.

(Address) _Mt Vernon, Mo_