

REC'D MAR 21 1938

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

Do not use this space.

## 1. PLACE OF DEATH

68 County Monteau  
Township Linn  
City..... (No..... St..... Ward.....)

Registration District No. 574  
Primary Registration District No. 5772A

File No. 7489  
Registered No.....

2. FULL NAME Lois Ellen Heckam 250

(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

3. SEX Female 4. COLOR OR RACE white 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) Oct 11-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
4 5

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.  
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) Missouri13. NAME Ray Heckam14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Ella Gallier16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Ray Heckam  
(ADDRESS) Prarie Home Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Heckam Cem. DATE 2-17-38

19. UNDERTAKER C. Albert Hozubeck  
(ADDRESS) Prarie Home Mo20. FILED Feb 27 1938 Miss Abbie Orval  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16-3822. I HEREBY CERTIFY, That I attended deceased from 2-1-38 to 2-16-38

I last saw her alive on 2-13-38 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:

Broncho Pneumonia Date of onset 7/19/38

Other contributory causes of importance: Whooping Cough 1/2-3/38

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 1  
(Signed) A. L. Meredith, M. D.

(Address) Prarie Home Mo

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.

FORM NO. 1 1931

