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

Do not use this space.

34102

**1. PLACE OF DEATH**

County: Jasper — Registration District No. 408

Township: Marion — Primary Registration District No. 3020

City: Carthage (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

**2. FULL NAME** Mrs. Iema Heddle

(a) Residence. No. 601 (Usual place of abode) Lyon St., ..... Ward. ..... (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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Widowed |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Prof. W. J. Heddle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 24 1879

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 50 | 0 | 28 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) Orleans (STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER Richard Prather

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Ruth —

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs. Nelle Haleman (Address) East St. Louis Ill

15. FILED 10/24/1929 [illegible] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 22 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1929 to ....., 19..., that I last saw h. alive on Oct 23, 1929, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Unknown - probably heart muscle failure

B 93D

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? .....

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Fred Simmons, M. D.

Oct 24, 1929 (Address) Coroner

*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.

| 19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL |
|---|---|
| East St. Louis, Mo. | Oct. 25 1929 |
| **20. UNDERTAKER** | **ADDRESS** |
| Kuell Mortuary | Carthage |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.