

FILED FEB 15 1940

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

Do not use this space.

2503

1. PLACE OF DEATH

County HENRY 2
Township Fairview 0
City Deepwater (No.)

Registration District No. 300
Primary Registration District No. 4208

File No. 1
Registered No.
St. Ward)

2. FULL NAME Maggie Hetrick 2/12/40

(a) Residence, No. same 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 F
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IS MARRIED, WIDOWED, OR DIVORCED HUSBAND OF
(OR) WIFE OF G.W. Hetrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-2-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 3 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Indiana 1

13. NAME William Papp 1

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

15. MAIDEN NAME Elizabeth Wolford 1

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

17. INFORMANT G.W. Hetrick
(ADDRESS) Deepwater, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE W.C. Danvers Cem. DATE 1-28-40 40

19. UNDERTAKER John Bryant
(ADDRESS) Deepwater, MO

20. FILED 1-25-40 19. 40 J. J. Brewer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 19.....

22. I HEREBY CERTIFY, That I attended deceased from Aug 30 to Jan 25 1940
I last saw him alive on Jan 22, 1940 Death is said to have occurred on the date stated above, at 6:10 a.m.

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

Valvular heart disease
myocarditis
arteriosclerosis

Date of onset

Other contributory causes of importance: 924

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 myocarditis
(Signed) John B. Ouel, M. D.

(Address) Clinton, MO

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-10-22-38
I X 9314

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.

