

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

Do not use this space.

37915

**1. PLACE OF DEATH**

County..... Way  
Township..... Shaffe Grove  
City..... Brazosport (No..... )

Registration District No. 914  
Primary Registration District No. 6235-

File No.....  
Registered No. 13  
St. .... Ward)

**2. FULL NAME**

Emanda Frances Heller

(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 X yrs. 6 mos. X ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX fc 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 8, 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>74</u>	<u>4</u>	<u>15</u>		

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) (STATE OR COUNTRY) Ta

10. NAME OF FATHER John Loppin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Lizzie Hoover

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Tom Heller  
(Address) Brazosport

15. FILED June 28 1927 W. E. Kant  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 23 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec. 23 1927 to Dec. 23 1927 that I last saw him alive on Dec. 23 1927, and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Apoplexy  
82A  
97 74 01  
(duration) 3 hours  
CONTRIBUTORY General arteriosclerosis  
(SECONDARY) (duration) 10 yrs. 2 mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? no

DID AN OPERATION PRECEDE DEATH? no DATE OF no

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical signs & symp.  
(Signed) Geo. S. Drwell, M. D.  
12-24, 1927 (Address) Brazosport, Mo.

\*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 Wakanda Cem DATE OF BURIAL Dec 26 1927

20. UNDERTAKER B. F. Mead ADDRESS Brazosport

WWW.EMPIRE-PRINTING-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.

