

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

PLACE OF DEATH

County Saline
Township Elmwood
Village _____
City _____ (NO. _____ St.; _____ Ward)

Registration District No. 793 File No. 2-C
Primary Registration District No. 6036 Registered No. 43529

FULL NAME C. H. Heins

[If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE White SINGLE MARRIED Married
WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Dec 26, 1864
(Month) (Day) (Year)

AGE 52 yrs. 11 mos. 11 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmers
(b) General nature of industry, business, or establishment in which employed (or employer) Owner

BIRTHPLACE (City or town, State or foreign country) Germany

PARENTS NAME OF FATHER Claus Heins
BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany
MAIDEN NAME OF MOTHER W
BIRTHPLACE OF MOTHER (City or town, State or foreign country) W

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) H. V. Gierman
(ADDRESS) Abma

Filed Dec 4, 1917, H. A. Richard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2 December 7, 1917
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from November 25, 1917, to Dec 7, 1917, that I last saw him alive on Dec 7, 1917, and that death occurred, on the date stated above, at 50 m. The CAUSE OF DEATH* was as follows:

108
Croupous Pneumonia 1125
8 (Duration) _____ yrs. _____ mos. 6 ds.
Contributory Pleurisy
(Secondary) (Duration) _____ yrs. _____ mos. 14 ds.
(Signed) L. S. James M. D.
December 8 1917 (Address) Blackburn, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Blackburn Cem DATE OF BURIAL Dec 7, 1917
UNDERTAKER Geo H Hasauer ADDRESS Blackburn Mo

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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

