

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

24258

**1. PLACE OF DEATH**

County St Genevieve  
Township Beavis  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 781  
Primary Registration District No. 6027

File No. \_\_\_\_\_  
Registered No. 11

**2. FULL NAME**

Clemence Heisener

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Heisener

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 5 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
70 7 14

8. OCCUPATION OF DECEASED Wagon maker  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Scott County Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Joseph Heisener

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

12. MAIDEN NAME OF MOTHER Kathrine Dollinger

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

14. INFORMANT Mary Heisener  
(Address) Ocala Mo

15. FILED Aug 20 1924 Geo. W. Davis REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19 1924

17. I HEREBY CERTIFY That I attended deceased from July 28 1924 to Aug 19 1924 that I last saw him alive on Aug 18 1924, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of Liver

CONTRIBUTORY (SECONDARY) 44  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH. No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY. No  
WHAT TEST CONFIRMED DIAGNOSIS. Signs & Symptoms  
(Signed) G. J. Delapack M. D.  
, 19 (Address) St. Genevieve 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ocala Cemetery DATE OF BURIAL Aug 20 1924

20. UNDERTAKER John Basler ADDRESS St. Genevieve 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.

