

JUN 23 1927

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

Do not use this space.

14106

1. PLACE OF DEATH

County Andrew
Township.....
City Vandalia (No.....)

Registration District No. 912
Primary Registration District No. 4550

File No.....
Registered No. 32
St. Ward)

2. FULL NAME Charles Heim

(a) Residence. No. St. Ward. 2
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie Heim

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-3-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 11 14

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) Mo

PARENTS
10. NAME OF FATHER John Heim
11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Elizabeth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) Germany

14. INFORMANT Chas Heim
(Address) Gazette Mo

15. FILED 5/18 1927 Mollie Fiqua
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1927

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 18 H. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Suppressed breast cancer
Found dead
75 B (duration) 3 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 205 B
(duration) 3 yrs. mos. da.

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

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

19. WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J O Perill, M. D.
Vandalia 19..... (Address)

*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 Vandalia Mo DATE OF BURIAL 5-18 1927

20. UNDERTAKER W J Waters ADDRESS Vandalia

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.

