

JAN 24 1928

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

Do not use this space

33343

1. PLACE OF DEATH

County Howell
Township
City West Plains Mo (No. St. Ward)

Registration District No. 382
Primary Registration District No. 4777

File No. 1115
Registered No.

2. FULL NAME

Kotter Belle Heinrich

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Phillip Heinrich

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19 - 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 | 5 | 1 |

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) Mo

10. NAME OF FATHER

J. N. Malone

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ark

12. MAIDEN NAME OF MOTHER

Delilah Camel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

14.

INFORMANT Phillip B. Heinrich
(Address) West Plains Mo

15.

FILED 12-7-27 O.P.A. Heinrich
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-18 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1927, to Nov 17, 1927, and that I last saw him alive on Nov 17, 1927, and that death occurred, on the date stated above, at 1:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sinus thrombus
82B
104B (duration) yrs. mos. ds. 15
CONTRIBUTORY (SECONDARY) 1740 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov. 11

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) P. A. Sparks, M. D.

12. 7 - 1927 (Address) West Plains 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

Kanagator Cemetery DATE OF BURIAL 11-19 1927

20. UNDERTAKER

McFarland and Co ADDRESS West Plains

CAUSE OF DEATH should state cause of death if very important.

MAI 4 1930

requested to make every effort to obtain the information indicated by check marks, lacking from the death certificate:

Name: Lottie Belle Heinrich

Who died at: West Plains, Mo. on Nov. 18, 1927.

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: sinus thrombus

Contributory: Ethorsis Sinusitis, & splenitis
Sinusitis

Where was disease contracted? L. E. Toney M. O.

Did operation precede death? yes Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

RECORD
EXACTLY, PE
be care
supplied:
of

174 B

5-33343