Do not use this space.

33971

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

1. PLACE OF DEATH
County: Lawrence — Registration District No. 467 — File No.
Township: Aurora — Primary Registration District No. 4280 — Registered No. 84
City: Aurora (No. ..... St. ..... Ward)

2. FULL NAME: Mayme Heinen
(a) Residence. No. Verona Mo St. RFD Ward. Verona, Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 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: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: John D. Heinen

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 7

7. AGE: Years 44 — Months ~~19~~ — Days 19 — If LESS than 1 day, ... hrs. or ..... min.

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): Jefferson Co
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: W. W. Powers
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: [illegible]
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): [illegible]
(STATE OR COUNTRY)

14. INFORMANT: Hesschel Heinen
(Address): Verona Mo.

15. FILED 11/26 1927 R. W. Smart, REGISTRAR
J. A. King Dep.

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 26 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to Nov 26, 1927, that I last saw h. 20 alive on ....., 19...., and that death occurred, on the date stated above, at 2:45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Peronitis
122B
129
120B (duration) ..... yrs. ..... mos. 7 ds.
CONTRIBUTORY (SECONDARY): Intestinal obstruction
(duration) ..... yrs. ..... mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Verona Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF Nov. 14-27
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Abdominal and operation
(Signed) R. W. Smart, M.D.
, 19 (Address) Aurora 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: Spring River Cemetery — DATE OF BURIAL: 11/28 1927

20. UNDERTAKER: King Smart Co — ADDRESS: Aurora Mo

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County: Lawrence — Registration District No.: 467 — File No.:

Township: — Primary Registration District No.: 4280 — Registered No.: 84

City: Aurora (No. ..... St. ..... Ward)

2. FULL NAME: Mayme Heinen

(a) Residence. No. ..... St., ... Ward. Verona Mo
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John D Heinen

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 7 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	44		19	

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): Jefferson City Mo

PARENTS

10. NAME OF FATHER: W W Powers

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: Herschel Heinen
(Address): Verona Mo

15. FILED 12/10 1927 R W Smart REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 26 1927

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to Nov 26, 1927 that I last saw her alive on ....., 19..., and that death occurred, on the date stated above, at 2:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Peritonitis
intestinal ulcer
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Intestinal Obstruction
(duration) ..... yrs. ..... mos. ..... ds.

11413

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

DID AN OPERATION PRECEDE DEATH? yes. DATE OF Nov 19/27

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & operative

(Signed) R. W. Smart, M.D.

, 19 (Address) Aurora 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	DATE OF BURIAL
Spring River Cem	11/28 1927
20. UNDERTAKER	ADDRESS
King Undt Co	Aurora Mo

SUPPLEMENTARY

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 OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

R... ARS... CEIVE A FEE FOR CERTIFICA... THE ... PLIT... BY LAW

S-33971