

FEB 20 1928

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

Do not use this space. 427

1. PLACE OF DEATH
 County Carroll Registration District No. 135 File No. _____
 Township _____ Primary Registration District No. 3010 Registered No. 11
 City Carrollton (No. _____) St. _____ Ward _____

2. FULL NAME Gustave Heins
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 47 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Bertha Heins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-18-1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 | 10 | 9 | _____

8. OCCUPATION OF DECEASED
 (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) Math Mallerberg
 (STATE OR COUNTRY) Germany

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT W.F. Heins
 (Address) Carrollton, Mo.

15. FILED 1-27-28 ma E E Zanham
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-27-1928

17. I HEREBY CERTIFY That I attended deceased from July 18, 1927, to Jan 27, 1928, that I last saw him alive on Jan 27, 1928, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Emphysema
95%
162
 (duration) _____ yrs. mos. da.
 CONTRIBUTORY Cardiac Fibrillation
 (SECONDARY)
 (duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 90%
 IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) J. H. Hach, M. D.
Jan 27, 1928 (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 Oak Hill Cem DATE OF BURIAL 1-29-1928

20. UNDERTAKER Milton Standley ADDRESS Carrollton

GROUP OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state cause of death EXACTLY.

