MAY 29 1928

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

Do not use this space.

12400

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 516
City St. Joseph (No. State Hospital for Insane #2 St. ... Ward)

2. FULL NAME John Heiner
(a) Residence. No. ... St., ... Ward. Everest, Kansas
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 25 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ida Heiner

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 25, 1868

7. AGE: Years 59 — Months 8 — Days 28 — If LESS than 1 day, ... hrs. or ... min.

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): Retired
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Bond Co.
(STATE OR COUNTRY): Illinois

PARENTS
10. NAME OF FATHER: Chester Heiner
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Pennsylvania
12. MAIDEN NAME OF MOTHER: Caroline Bocktal
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Pennsylvania

14. INFORMANT: Hamilton Gilmore
(Address) 3404 Penn St. St. Joseph Mo.

15. FILED APR 25 1928 — John G. Ufk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 23 1928

17. I HEREBY CERTIFY, That I attended deceased from March 31, 1928, to April 23, 1928, that I last saw him alive on April 23, 1928, and that death occurred, on the date stated above, at 10 45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral arteriosclerosis
97
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) 91B
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? no
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. P. Burch, M. D.
4-23, 1928 (Address) State Hosp #2

*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: Stewartsville, Mo. via auto — DATE OF BURIAL: Apr. 25 1928

20. UNDERTAKER: Heaton, Pr. Gale & Bowman by J. H. Karle — ADDRESS: 319 S. 10 St. Funeral Home

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.