JUL 26 1928

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

Do not use this space.

Reverse copy

16602

1. PLACE OF DEATH

County Cooper — Registration District No. 219 — File No. 2a

Township Palestine — Primary Registration District No. 5309 — Registered No. 11

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Chris Hein

(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: male

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~~ Mrs Chris Hein

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 26-1868

7. AGE: Years 60 — Months — Days 12 — 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) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County

PARENTS

10. NAME OF FATHER Henry Hein

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs Chris Hein
(Address) Bunceton Mo

15. FILED 7/17 1928 Hattie Paxton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1928

17. I HEREBY CERTIFY, That I attended deceased from 2/20, 1928, to 3/30, 1928 that I last saw him alive on 3/30, 1928, and that death occurred, on the date stated above, at 14:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of the liver
46E

(duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 44B

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ✓

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Apr 10th 1928

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) E. M. Allee, M. D

, 19 (Address) Speed 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: Clarks Fork Church — DATE OF BURIAL: May 10 1928

20. UNDERTAKER: Goodman & Boller — ADDRESS: Boonville Mo

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.