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

Do not use this space.

27204

1. PLACE OF DEATH U.S.V. Hospital #67
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City, Mo. (No. U.S. Veterans Hosp. St. 3277 Ward)
File No.
Registered No.

2. FULL NAME Heidt, Peter — C-None
(a) Residence. No. Eagle Butte, S Dakota. 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 Mary Heidt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-17-1895

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
32	8	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(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) Russia

PARENTS
10. NAME OF FATHER John Heidt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Russia
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Mary Heidt (wife)
(Address) Eagle Butte, South Dakota.

15. FILED 8/2, 1928 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 2 1928

17. I HEREBY CERTIFY, That I attended deceased from June 22, 1928, to August 2, 1928 that I last saw him alive on August 1, 1928, and that death occurred, on the date stated above, at 7:50 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis, pulmonary chronic, far advanced.
Not known (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Tuberculosis of Larynx.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Lab & X-ray

Harry A. Dykes M.D.
H.A. Dykes, Act Medical Officer in Charge
U.S.V. Hospital, Kansas City, 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: Eagle Butte S Dakota — DATE OF BURIAL: 8/2 1928
20. UNDERTAKER: The Taylor Funeral Home — ADDRESS

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.

THIS IS A PERMANENT RECORD