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

Do not use this space.
Dr L. G. Marty
3010

File No. 41-10
Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: K.C. Mo. (No. 2400 Myrtle St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME: Delbert Heisler
(a) Residence. No. 2400 Myrtle St., 12 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: Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5a. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Edith Heisler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-27-1870

7. AGE: Years 58 | Months 7 | Days 14 | 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): Ohio

PARENTS
10. NAME OF FATHER: John W. Heisler
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Don't Know
12. MAIDEN NAME OF MOTHER: Sarah Miller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Ohio

14. INFORMANT: J. L. Heisler
(Address): 2400 Myrtle

15. FILED 10/12, 1928 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-11 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 12 1928, to Oct 11 1928, that I last saw him alive on Oct 3 1928, and that death occurred, on the date stated above, at 9:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer Prostate
51 C
49 111 C
(duration) 7 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Terminal Pneumonia
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) L. G. Marty, M. D.
10/12, 1928 (Address) 815 McGee

*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: Kansapolis Kans
DATE OF BURIAL: 10-12 1928

20. UNDERTAKER: O. U. Max
ADDRESS: 1915 E 15

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.

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