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

Do not use this space.

37302

File No. .....

Registered No. 570

1. PLACE OF DEATH

County: Jasper — Registration District No.: 411

Township: Eldorado — Primary Registration District No.: 4th & Main

City: Joplin — (Ward: ..... St. .....)

2. FULL NAME: G. E. Heisinger

(a) Residence. No. Connor Hotel St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 20 1843

7. AGE: Years 85 | Months 1 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(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): Penn

PARENTS

10. NAME OF FATHER: Jacob Heisinger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): No record

12. MAIDEN NAME OF MOTHER: No record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): No record.

14. INFORMANT: E. B. Heisinger
(Address): 306 E. 5th Joplin

15. FILED 11-30, 1928 Dr. A. B. Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 26 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to Nov 30 1928, that I last saw h. alive on Nov 30, 1928, and that death occurred, on the date stated above, at 4:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Unknown; probably cardio-vascular disease

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): .....

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) R. M. Stormont, M. D.

11/30, 1928 (Address) Nebby Coroner

*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: Mt Hope — DATE OF BURIAL: 11-30 1928

20. UNDERTAKER: Neubauer & Tucker Co — ADDRESS: Joplin Mo