

81 1929

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

Do not use this space.

541

1. PLACE OF DEATH
 County Cape Girardeau, mo. Registration District No. 131
 Township Hendol Primary Registration District No. 5782
 City..... (No.....) St..... Ward.....

2. FULL NAME Raymond Albert Heiser
 (a) Residence. No. R. F. D. # 1 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.

File No.....
 Registered No.....
 St..... Ward.....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Child
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 21 - 1920

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
8 10 22

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work.....
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan - 14 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 10 - 1929, to Jan 13 - 1929 that I last saw h. alive on Jan 10 1929, and that death occurred, on the date stated above, at 5:45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
130 Acute Myelitis
 (duration) 0 yrs. 0 mos. 21 ds.

CONTRIBUTORY (SECONDARY) 125
 (duration)..... yrs..... mos..... ds.

9. BIRTHPLACE (CITY OR TOWN) Cape County
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Aug Heiser

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cape County
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Lena Meyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cape County
 (STATE OR COUNTRY) Missouri

14. INFORMANT Mr August Heiser
 (Address) R. F. D. # 1 - Cape Girardeau, mo.

15. FILED Jan 15 1929 Clay Miller
 REGISTRAR

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) W. A. Schoen, M. D.
1-14, 1929 (Address) Cape Girardeau 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.

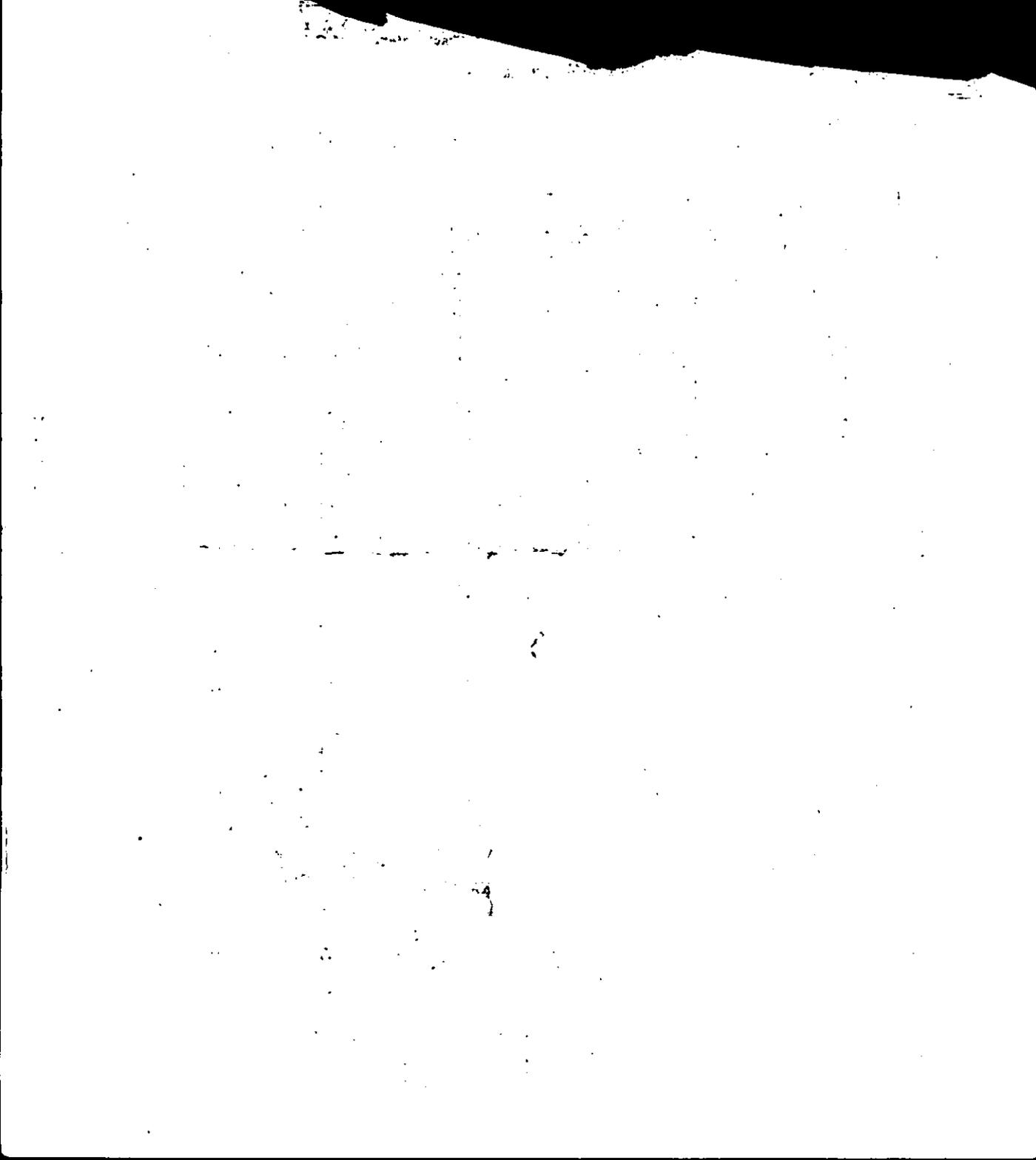
19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hannauer Cemetery DATE OF BURIAL Jan 15 1929
 20. UNDERTAKER W. J. Hutkoff ADDRESS 536 Daneman

DEATH RECORD

stated EXACTLY. PHYSICIANS should state EXACT statement of OCCUPATION is very important.

16 00 00

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

ALL INFORMATION CONTAINED
HEREIN MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County **CAPT GIRANSAU**
Township **Randolph**
City (No.) St. Ward

Registration District No. **131**
Primary Registration District No. **5182**

File No.
Registered No.
St. Ward

2. FULL NAME

Raymond Albert Hener

(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 **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **S**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Apr 21 - 1920**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8 **0** **0** **0** **0**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

15.

FILED **Jan 15, 1929** **Oliver J Miller** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **JAN / 4 1929** 19

17. I HEREBY CERTIFY, That I attended deceased from **Jan 10** 19**29**, at **10** o'clock, **PM**, that I last saw him on **Jan 10**, 19**29**, and that death occurred, on the date stated above, at **10** o'clock, **PM**.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute nephritis

(Duration) yrs. mos. **2** ds.

cause of acute Nephritis. unable to get this information

*State the DISEASE CAUSING DEATH, or 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

DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

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

N. B.—Every item of information should be carefully supplied. It should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language. Exact statement of OCCUPATION is very important.

RECEIVE A FEE (OR STATEMENT) INDICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

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