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

Do not use this space.
14627
1665

399

1. PLACE OF DEATH
County: Jackson Registration District No.: 1002
Township: Raw Primary Registration District No.: 4
City: Kansas City (No. 1714 West 9th st. St. 7 Ward)

File No.:
Registered No.:

2. FULL NAME: John L. Heiser
(a) Residence (Usual place of abode) No. 1733 Penn St., Ward.
(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: wht
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 28 1895

7. AGE: Years 33 | Months 4 | Days 6 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(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): Kansas

PARENTS
10. NAME OF FATHER: John Heiser
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Nancy McKinney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Kansas

14. INFORMANT: Mrs Jos Heiser
(Address): 712 Lenox Ave

15. FILED 4/6 1929 M. M. Crane Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 4. 1929 Thursday

17. I HEREBY CERTIFY, That I attended deceased from Dec 19 1928, that I last saw h alive on 19, and that death occurred, on the date stated above, at 1.30 p.m.
Coroner
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Homicide, firearm.
199.175
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Gun attempted hold up & shot by proprietor
(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? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) D. Mabry Mitchell, M.D.
4/4, 1929 (Address) Ripley County

*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 Calvary | DATE OF BURIAL: 4-6 1929
20. UNDERTAKER: Butler & Son | ADDRESS: K.C.

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