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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 19708

Township ..... Primary Registration District No. 1003 Registered No. 5317

City St. Louis (No. City / Hospital St. ..... Ward)

2. FULL NAME 1876 Ulysses Heady

(a) Residence. No. 1307 S Compton Ward 17
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 29 - 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	63	7	12	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER Thos Heady
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Irma Thornton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

14. INFORMANT Hospital Information C Rivan
(Address) City / Hospital

15. FILED MAY 13 1929 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11 1929

17. I HEREBY CERTIFY, That I attended deceased from May 5, 1929, to May 11, 1929 that I last saw him alive on May 11, 1929 and that death occurred, on the date stated above, at 10 10 29 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
Auricular fibrillation
930
95A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 900 (duration) yrs. mos. 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) Edward Helbing, M. D.
5/12, 1929 (Address) City / Hospital

*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	DATE OF BURIAL
Rolla Missouri	5-14 1929

20. UNDERTAKER	ADDRESS
McLaughlin	1631 Mo. ave

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

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.

Heady