

SEP 24 1928

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

Do not use this space.

27189

1. PLACE OF DEATH  
 County Carroll Registration District No. 135  
 Township \_\_\_\_\_ Primary Registration District No. 2010  
 City Carrollton St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Raura Marge Heins  
 (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.

File No. \_\_\_\_\_  
 Registered No. 83  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-11-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 | 2 | 23 | \_\_\_\_\_

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) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) La Harpe  
 (STATE OR COUNTRY) Ill.

10. NAME OF FATHER Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Maloney Tilling

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Daniel Heins  
 (Address) Carrollton Mo

15. FILED 8-4, 1929 Mrs E. E. Fernham  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/4 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1929, to Sept 1st, 1929 that I last saw him alive on Sept 1st, 1929, and that death occurred, on the date stated above, at 7:30 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Hypertension  
100% (duration) yrs. mos. ds.  
 CONTRIBUTORY Stroke  
 (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) W. J. Atwood, M. D.

84, 1929 (Address)

\*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 Oak Hill Cem DATE OF BURIAL 8-5 1929

20. UNDERTAKER Stanley ADDRESS Carrollton

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.

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