

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

Do not use this space.

31298

**1. PLACE OF DEATH**

County Livings Stn. Registration District No. 508  
Township \_\_\_\_\_ Primary Registration District No. 3026  
City Chillicothe (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 102

**2. FULL NAME**

Mr. Herman Held.  
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married.</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary J. Held.</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 10, 1952</u>				
7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>77</u>	<u>2</u>	<u>9.</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Blacksmith</u> (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) Sept. 19, 1929  
17. I HEREBY CERTIFY, That I attended deceased from June 1, 1927 to Sept 19, 1929 that I last saw him alive on Sept 17, 1929, and that death occurred, on the date stated above, at 5:10 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Mitral Regurgitation  
9 Yrs. (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? Physician's Report  
(Signed) A. Callahan, M. D.  
Sept 20, 1929 (Address) Chillicothe 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 Bedford Cemetery DATE OF BURIAL Sept. 21, 1929  
20. UNDERTAKER R. M. Marshall ADDRESS Chillicothe Mo.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
10. NAME OF FATHER August Held.  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany  
12. MAIDEN NAME OF MOTHER Unknown.  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany  
14. INFORMANT Mrs. Herman Held. (Address) Chillicothe Mo.  
15. FILED 979, 1929 Reuben Barney REGISTRAR

59  
24  
3  
7  
1929  
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.

