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

39465

1. PLACE OF DEATH
County Vernon — Registration District No. 875 — File No.
Township Washington — Primary Registration District No. 6162 — Registered No. 315
City (No. St. Ward)

2. FULL NAME Jacob Long Heistein
(a) Residence. No. State Hospital #3 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. 2 mos. 16 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rosa Core
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 6 1865
7. AGE: Years 64 — Months 9 — Days 2 — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming & well driller
(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): Ohio
PARENTS
10. NAME OF FATHER: Jacob Heistein
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Martha Long
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
14. INFORMANT (Address): Mrs. Rosa Heistein R. #7 Carthage Mo.
15. FILED 12/26, 1929 E R King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 8 1929
17. I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1929, to Nov. 8, 1929, that I last saw him alive on , 1929, and that death occurred, on the date stated above, at 9 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY): Cerebral Arteriosclerosis
(duration) 2 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) J. J. Dell, M. D
Nov. 8, 1929 (Address) Nevada 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: Carthage Mo — DATE OF BURIAL: 11-10 1929
20. UNDERTAKER: Allen V Hays — ADDRESS: Nevada Mo

Almer Drake Med Co - 25.00 ck

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.