

MAR 28 1930

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

Do not use this space.
7458

7-4-16

1. PLACE OF DEATH

County Vernon
Township Monticello
City Monticello (No.) St. Ward)

Registration District No. 873
Primary Registration District No. 6157

File No.
Registered No.

2. FULL NAME Matthew Watson Heald

(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 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 of Sara Ellen Heald

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1850-6-22

7. AGE YEARS 79 MONTHS 8 DAYS 9 If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Columbiana Co (STATE OR COUNTRY) Indiana

10. NAME OF FATHER James Heald

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Abi Stratten

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio (STATE OR COUNTRY) Ohio

14. INFORMANT Sara Ellen Heald (Address) Sheldon Mo

15. FILED Feb 24 1930 M. J. Mallory REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 1925 to Feb 22 1930 that I last saw him alive on Feb 16 1930, and that death occurred, on the date stated above, at 5:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
990
Heart (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
Heart (duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED Heart IF NOT AT PLACE OF BIRTH? Heart

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) W. H. ... M. D.

2/23, 1930 (Address) Sheldon 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 St James Cemetery DATE OF BURIAL 2-23 1930

20. UNDERTAKER J. B. Berry Sons ADDRESS Sheldon Mo.

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.

