NOV 3 1930

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

Do not use this space.

31036

1. PLACE OF DEATH

County St. Louis — Registration District No. 1125 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 318

City Jefferson Barracks, Mo. (No. U.S. Veterans Hospital, Jefferson Barracks, Mo. St. Ward)

2. FULL NAME William H. Heath

(a) Residence. No. Jackson, Mo. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred un yrs. kn mos. own. 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): Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 17, 1888

7. AGE: Years 42 — Months 2 — Days 4 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Locomotive Fireman.
(b) General nature of industry, business, or establishment in which employed (or employer): Unavailable.
(c) Name of employer: Unavailable.

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

PARENTS

10. NAME OF FATHER: Unavailable.
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unavailable.
(STATE OR COUNTRY): Unavailable.
12. MAIDEN NAME OF MOTHER: Unavailable.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unavailable.
(STATE OR COUNTRY): Unavailable.

14. INFORMANT (Address): E. T. Gallagher, Acting Clinical Director, U.S. Veterans Hospital, Jefferson Barracks, Mo.

15. FILED 9-22, 1930 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 21 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1929, 19__, to September 21, 1930 that I last saw him alive on September 21, 1930 and that death occurred, on the date stated above, at 12:15 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pyonephrosis, bilateral.

133A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 131A

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: Unknown.
IF NOT AT PLACE OF DEATH? Unknown.
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory findings.

(Signed) W. C. Gibson, M.D.
(Address) U.S. Veterans Hospital, Jefferson Barracks, 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: Paducah Ky — DATE OF BURIAL: 9/22 1930

20. UNDERTAKER: Hoffmeister U. L. Co. — ADDRESS: 7814 Ho Bldg

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.

...Y, W... ...NK---THIS IS A PERMANENT RECORD

SEP 19 1985