

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

Do not use this space.

360401

4431

1. PLACE OF DEATH

County Jackson Registration District No. 050
 Township Kan Primary Registration District No. 010
 City Kansas City (No. Kansas City General Hospital St. _____ Ward)

2. FULL NAME Heatons Thomas

(a) Residence No. 2037 Washington St. 3 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-1-1930

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

17. I HEREBY CERTIFY, That I attended deceased from 10-30- 1930, to 11-1- 1930, that I last saw him alive on 11-1- 1930, and that death occurred, on the date stated above, at 10:25 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 13th 1869

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.
	<u>61</u>	<u>0</u>	<u>18</u>	

Apoplexy
82K

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Teacher
 (b) General nature of industry, business, or establishment in which employed (or employer) Public School
 (c) Name of employer Retired

CONTRIBUTORY (SECONDARY) 7401

9. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED

10. NAME OF FATHER Peter Heaton

IF NOT AT PLACE OF DEATH

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known to Informant
 (STATE OR COUNTRY)

DID AN OPERATION PRECEDE DEATH no DATE OF _____

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Not known to Informant

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) P. E. Wellens, M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known to Informant
 (STATE OR COUNTRY)

(Address) 11-1-1930 Dept. K.B. Em's Hosp.

*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.

14. INFORMANT Recard Clark
 (Address) Kansas City Gen. Hosp.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Keytesville Mo. DATE OF BURIAL 11-3-1930

15. FILED 11-1-30 W. M. Crowe REGISTRAR

20. UNDERTAKER Fairweather-Werner 514 N 7th ADDRESS 11-3-1930

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

W. M. Crowe

