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.

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

Do not use this space.

1451

File No. 283
Registered No.

1. PLACE OF DEATH U.S.V.Hospital
County Jackson
Registration District No.
Township Kaw
Primary Registration District No.
City Kansas City, Mo. (No. U.S.V. Hospt. St. Ward)

2. FULL NAME HEILLMAN, Omar Curtis C-712 713 WOE
(a) Residence. No. 110 E 40th St. St., Ward. Sgt. 47th Balloon Co.
(Usual place of abode) Kansas City, Missouri. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 5, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	11	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Painter
(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) Nebraska

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

14. INFORMANT Hospital Records.
(Address) U. S. V. Hospital

15. Jan 30 31 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 19 1931

17. I HEREBY CERTIFY, That I attended deceased from November 17, 1930 to January 19, 1931 that I last saw him alive on January 19, 1931 and that death occurred, on the date stated above, at 9:25 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephrolithiasis, bilateral.

Unknown. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pneumonia, Lobar, Bilateral (duration) yrs. mos. 40 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Unknown
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 12-4-30
WAS THERE AN AUTOPSY? No-refused.
WHAT TEST CONFIRMED DIAGNOSIS? Lab. & Operation

(Signed) , M. D.
H. E. CHAMBERS, Med. Officer in Charge.
U.S.V. Hospital, Kansas City, 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	DATE OF BURIAL
Forest Hill	Jan 31, 1931

20. UNDERTAKER	ADDRESS
Freeman Mortuary	K. C. Mo.