

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

Do not use this space.

5691

File No. 78A  
Registered No. 781  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Flower Primary Registration District No. \_\_\_\_\_  
City JCO Mo (No. 3023088) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 3023088 St. 9 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 M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 14 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
43 10 2

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Truck Driver  
(b) General nature of industry, business, or establishment in which employed (or employer) 107  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Richard Heard

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

12. MAIDEN NAME OF MOTHER Anna Heard

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

14. INFORMANT Anna Heard  
(Address) 9023 188

15. FILED 7/18/31 M. M. Croome REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 30 1931 to Feb 16 1931, and that I last saw him alive on Feb 16 1931, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Endo Carditis  
91A

18. WHERE WAS DISEASE CONTRACTED Mo (duration) yrs. mos. ds. 90

CONTRIBUTORY (SECONDARY) Chronic Gastritis  
intentional Suicide (duration) yrs. mos. ds. 2

19. WHERE WAS DISEASE CONTRACTED Kansas City  
IF NOT AT PLACE OF DEATH Mo

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TESTS CONFIRMED DIAGNOSIS Autopsy & Stethoscope

(Signed) M. M. Croome M. D.

7/19 1931 (Address) 715 Gregory Bldg

\*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 Mo Wash DATE OF BURIAL 2-18-1931

20. UNDERTAKER Mrs. C. L. Foster ADDRESS K.C. 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.

712 [unclear]  
[unclear] 4815