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

Do not use this space.

11242

File No. .....

Registered No. .....

1. PLACE OF DEATH

County St Charles Co. Registration District No. 755

Township Femme Osage Primary Registration District No. 5996a

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Wayne Herbert Heman

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	white	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 1 - 1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
		1	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(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)

PARENTS

10. NAME OF FATHER Alvin Heman

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

12. MAIDEN NAME OF MOTHER Clara Lemmier

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

14. INFORMANT Elvin Heman
(Address) Augusta Mo

15. FILED ~~3-18~~, 19 31 B. Mallinckrodt
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-18- 1931

17. I HEREBY CERTIFY, That I attended deceased from 2-7-, 1931, to 3-17-, 1931 that I last saw him alive on 3-17-, 1931, and that death occurred, on the date stated above, at 12:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth

159 B
11 A
106 B

159

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)

the cold (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) O. A. Mulm, M. D.

3/18-, 1931 (Address) Hero Melle 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
Femme Osage Mo	3-20 1931
20. UNDERTAKER	ADDRESS
Claude McElhiney	Hero Melle Mo

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.