

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

Do not use this space.

13765

1. PLACE OF DEATH  
 39 County Gasconade Registration District No. 305  
 Township Canadian Primary Registration District No. 5422  
 City..... (No..... St..... Ward.....)

2. FULL NAME E. Gottlieb Heiddrink  
 (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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 0 15

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) April, 1931 11. Total time (years) spent in this occupation all life

MOTHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Depe, Missouri  
 13. NAME Kristy Heiddrink  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 15. MAIDEN NAME Do not know  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER  
 17. INFORMANT (ADDRESS)  
 18. BURIAL, CREMATION, OR REMOVAL burial  
 PLACE Drake Cemet. DATE April 19, 1931  
 19. UNDERTAKER (ADDRESS) Nathan P. Phaneuyer - Drake, Mo.  
 20. FILED 4-23 1931. J. H. Ferrell Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1931, to April 16, 1931  
 I last saw him alive on April 15, 1931. Death is said to have occurred on the date stated above, at 12:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhages  
 Date of onset 4-8-31  
10 a.m.

Other contributory causes of importance:  
87 P. 922

Name of operation Aut. Date of.....  
 What test confirmed diagnosis? Clinical Was there an autopsy? Aut.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury 0, 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify.....  
 (Signed) W. P. Fitzgerald M. D.  
 (Address) Greenville, Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 23 1931

