

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

Do not use this space.

17937

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township 1st Saw Primary Registration District No. 1002  
 City R. & M. (No. St. Mary Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Oliver Benjamin Heese  
 (a) Residence. No. 3912 - E - 11 St. 12 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 Rachel Heese

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 7 - 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
51 9 29

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

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

10. NAME OF FATHER Rolla Heese

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

12. MAIDEN NAME OF MOTHER Mary McMinon

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

14. INFORMANT Mrs Rachel Heese  
 (Address) 3912 - E - 11

15. FILED May 6 31 1931 M. M. Lamm REGISTRAR  
ass

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4 1931  
 17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Accidental R. R. Traumatism  
206 M  
 (duration) \_\_\_\_\_ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Train struck car  
Reminding R. & M. (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? yes  
 WHAT TEST CONFIRMED DIAGNOSIS? autopsy  
 (Signed) Stacy M. Miller M. D.  
74 . 1931 (Address) Deputy Coroner

\*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 Forest Hill  
 DATE OF BURIAL May 6 1931  
 20. UNDERTAKER Hoar & Henderson  
 ADDRESS 15th Jackson

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.

