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

Do not use this space.

25130

1. PLACE OF DEATH

County Jackson — Registration District No. 390

Township Kaw — Primary Registration District No. 1602

City Kansas City (No. 2616 East 34th St. St. Ward)

File No.

Registered No. 3124

2. FULL NAME Bertha A. Heinzman

(a) Residence. No. 2616 East 34th St., 14 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)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 28, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	74	7	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(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) Missouri

PARENTS

10. NAME OF FATHER Joseph A. Heinzman

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

12. MAIDEN NAME OF MOTHER Elizabeth Elbe

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

14. INFORMANT Miss Josephine Heinzman
(Address) 2616 E. 34th St.

15. FILED 7/20, 1931 M. M. Crowe
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17 1931

17. I HEREBY CERTIFY, That I attended deceased from ....., 1930 to July 17, 1931 that I last saw her alive on July 17, 1931, and that death occurred, on the date stated above, at 6:50P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation (Broken Compensation)

92A

92B (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Cardiac Arythmia

(duration) yrs. 6 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

(Signed) Isadore Anderson M. D.

7/18, 1931 (Address) 1317 Rialto 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~~ Mt. Mariah Cemetery — DATE OF BURIAL 7-20 1931

20. UNDERTAKER Steve McClure — ADDRESS 3235 Gillham Plaza.

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.

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