

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 2019
 City Independence (No. Sanitarium) St. _____ (Ward)

34287
 File No. _____
 Registered No. 330

2. FULL NAME

Joe T. Heath
 (a) Residence. No. Pleasant Hill, Mo. St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 5, 1861</u>		
7. AGE	YEARS	MONTHS
	<u>70</u>	<u>0</u>
		<u>0</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work. <u>Retired</u>		
(b) General nature of industry, business, or establishment in which employed (or employer). <u>Blacksmith</u>		
(c) Name of employer		

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

PARENTS

10. NAME OF FATHER	<u>Not Known</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)	<u>Not Known</u>
12. MAIDEN NAME OF MOTHER	<u>Not Known</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)	<u>Not Known</u>

14. INFORMANT Lee Phillips
 (Address) Pleasant Hill

15. FILED 105-31 1931 J. C. Cook
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 5 1931

17. I HEREBY CERTIFY, That I attended deceased from July 1st, 1931, to Oct 5, 1931, that I last saw him alive on Oct 4, 1931, and that death occurred, on the date stated above, at 2:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis - acute - interstitial
of a chronic.
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Common duct gallstone
 (duration) many 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
 (Signed) George T. Wymen, M. D.
1015, 1931 (Address) Independence 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 <u>Buckner Mo</u>	DATE OF BURIAL <u>Oct 7</u> 19 <u>31</u>
20. UNDERTAKER <u>W. W. Von Pleasant Hill</u>	ADDRESS <u>Mo</u>

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.

NOV 24 1931

