

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

Do not use this space.

40756

1. PLACE OF DEATH

County Spert

Registration District No. 372

Township Liberty

Primary Registration District No. 5519

City..... (No.....)

File No.....

Registered No. 741

St..... Ward.....

2. FULL NAME

Ray Allen Pearl Heard

(a) Residence, No..... St..... Ward.....

Length of residence in city or town where death occurred yrs. mos. 7 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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27-31

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin. 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

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)..... 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty, Sp
Molt Co Mo

13. NAME Everett J Heard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Norwood
Spert Co Mo

15. MAIDEN NAME Mabel A. Brownfield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farreston Iowa

17. INFORMANT (ADDRESS) Wm Ephraim Heard
Midway Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Midway Gr DATE See 307 1934

19. UNDERTAKER (ADDRESS) W E Heard
Midway Mo

20. FILED Dec 31 1934 J. C. Tracy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1931

22. I HEREBY CERTIFY, That I attended deceased from no physician 1931

I last saw h. alive on....., 19..... Death is said

to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Thought it had symptoms of a cold
104A) 04W

Date of onset Dec 29

Other contributory causes of importance: none

Name of operation none Date of.....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 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?.....

If so, specify.....

(Signed) W E Heard
and
(Address) Midway Mo
Wm Ephraim Heard FRN

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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