

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

Do not use this space.

1. PLACE OF DEATH
 45 County St. Louis Registration District No. 378
 Township Beauchef Primary Registration District No. U.S. 7
 City (No.) St. Ward

2. FULL NAME Prudence Heath
 (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.

File No. 879
 Registered No. AJ 978
 St. Ward

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
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20 - 1952
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 10 6
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer Retired
 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) Vermont
 13. NAME William Heath
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont
 15. MAIDEN NAME Sarah Abbott
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont

17. INFORMANT Dr. J. J. Jones
 (ADDRESS) 1234 N. 4th St.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia DATE Jan 29 1932
 19. UNDERTAKER W. H. Fieland
 (ADDRESS) 1234 N. 4th St.
 20. FILED 2-5-32 1932 V. D. Rankin
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1932
 22. I HEREBY CERTIFY That I attended deceased from July 1 1931 to Jan 27 1932
 I last saw him alive on Jan 25 1932 Death is said to have occurred on the date stated above, at 7:30 P. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Nephritis (Date of onset Jan 1931)
131
132B 131
 Other contributory causes of importance:
Arteriosclerosis

Name of operation Date of
 What test confirmed diagnosis? Chemical 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. H. Fieland, M. D.
 (Address) 1234 N. 4th St.

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.

FEB 24 1932

