

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

Do not use this space.

2098

1. PLACE OF DEATH

88 County RANDOLPH Registration District No. 733  
 5 Township SALT SPRING Primary Registration District No. 438  
 2 City HUNTSVILLE (No. .... St. .... Ward)

2. FULL NAME WM PRESSLEY HEIFNER

(a) Residence. No. .... St. .... Ward. .... (If nonresident, give city or town and State)  
 (Usual place of abode)  
 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 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 Ruby Heifner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) MAY 31 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
66 7 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work RETIRED  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) MACON Co  
 (STATE OR COUNTRY) MO

10. NAME OF FATHER JACOB HEIFNER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) RANDOLPH Co  
 (STATE OR COUNTRY) MO

12. MAIDEN NAME OF MOTHER SUSIE BROCK

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) MACON Co  
 (STATE OR COUNTRY) MO

14. INFORMANT MRS W.P. HEIFNER  
 (Address) HUNTSVILLE MO

15. FILED JAN 11 1932 Y Y Pragg  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1930, to Jan 11, 1932 that I last saw him alive on Jan 10, 1932 and that death occurred, on the date stated above, at 12:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chr. Bright's disease

CONTRIBUTORY (SECONDARY) Central Nervous System (duration) yrs. 8 mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED ..... (duration) yrs. .... mos. .... ds.

IF NOT AT PLACE OF DEATH ..... DATE OF ..... ①

DID AN OPERATION PRECEDE DEATH? no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS by Pragg M. D.

(Signed) Huntsville

, 19 (Address) Huntsville

\*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 DATE OF BURIAL

OAKLAND CEMETERY JAN 13 1932

20. UNDERTAKER ADDRESS

SNOW-LEAVERTON NOBERLY

MO

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 25 1932

