

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.

APR 27 1932

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

Do not use this space.

8888

1. PLACE OF DEATH

County Wasson Registration District No. 411
 Township Wesley Primary Registration District No. 203 11007
 City Wesley No. 203 11007 St. _____ Ward _____

File No. 6
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Heidi Kingland
 (a) Residence, No. 203 11 Box 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Kingland</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 12 1891</u>				
7. AGE	YEARS <u>40</u>	MONTHS <u>4</u>	DAYS <u>3</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house work</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>			
	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) <u>Mansfield, Mo.</u>				
FATHER	13. NAME <u>Pierce League</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>John, Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Annora Young</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mrs. John Kingland</u>			
17. INFORMANT (ADDRESS) <u>John Kingland</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wesley</u> DATE <u>3-7-32</u>				
19. UNDERTAKER (ADDRESS) <u>Hickharts</u>				
20. FILED <u>3/7 1932</u> <u>U Benson Clark</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-5-32 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-4-32 1932, to 3-4-32 1932
 I last saw her alive on 3-4-32 1932 Death is said to have occurred on the date stated above, at PR m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary TB
235
1
 Other contributory causes of importance:
1
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Art. W. W. Chester, M. D.
 (Address) Wesley, Mo.

