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

Do not use this space.

23464

File No. 23464

Registered No. 37

1. PLACE OF DEATH

68 County Moniteau — Registration District No. 571

1 Township Walker — Primary Registration District No. 4335

2 City California (No. ..... St. ..... Ward)

2. FULL NAME James Patrick Heinen

(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.

AUG 25 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 6 1930

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
2	5	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) California Mo (Moniteau Co)
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Heinen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cooper Co Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Holterman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Audrain Co Mo
(STATE OR COUNTRY)

14. INFORMANT John Heinen
(Address) California Mo

15. FILED July 26 1932 Jas. W. Roth. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1932

17. I HEREBY CERTIFY, That I attended deceased from July 17, 1932, to July 25, 1932, that I last saw him alive on July 25, 1932, and that death occurred, on the date stated above, at 1 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Contusion R. Foot - Systemic strepto-coccic infection - Septic Pneumonia

212M (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 103B

36 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. B. Burns Co Jr, M. D.

7/30, 1932 (Address) California 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: Catholic Cemetery

DATE OF BURIAL: July 26 1932

20. UNDERTAKER: Williams & Friedmeyer

ADDRESS: California Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACT... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION ... every import...

WRITE PLAINLY WITH UNFADING INK—THIS IS A PE...

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Moniteau — Registration District No. 571 — File No.
Township: — Primary Registration District No. 4335 — Registered No. 37
City: California (No. ..... St. ..... Ward)

2. FULL NAME: James Patrick Heinen
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): S.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ..... 19..

19. UNDERTAKER (ADDRESS)

20. FILED July 26 1932 Jas. M. Roth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., to ....., 19..
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Contusion of right foot	
Streptococcic infection, septic	
Pneumonia	
Caught in trackle pedal	176

Other contributory causes of importance:

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) ....., M. D.
(Address) .....

SUPPLEMENTARY

WRITE PLAINLY, WITH OR WITHOUT INK, IN ENGLISH ● A MISTAKE IN RECORD ... information should be carefully supplied. AGE should be stated ... PHYSICIANS should state ... in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY L...

REG...

S-23464