

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

Do not use this space.

25335

1. PLACE OF DEATH

County Bates Registration District No. 47
Township East Boone Primary Registration District No. 5081
City Adrian (No. _____) St. _____ Ward _____

File No. _____
Registered No. 25

2. FULL NAME

Joseph Harry Heath
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 45 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 10 14

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

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) Yamouast Mo

13. NAME John C. Heath

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison County Mo

15. MAIDEN NAME Elizabeth Jane Alford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison County Mo

17. INFORMANT (ADDRESS) W. J. Bell

18. BURIAL, CREMATION, OR REMOVAL PLACE Resident Hill DATE Aug 29 '32

19. UNDERTAKER Heath & Sif (ADDRESS) Adrian

20. FILED 9/10 1932 BY Ed Suttle

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1932, to Aug 28, 1932

I last saw him alive on Aug 28, 1932. Death is said to have occurred on the date stated above, at 10:30 AM.

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

Bright blizzard eye
131
162 131

Other contributory causes of importance: Chronic Bright Median

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:
If by 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) J. L. Bates, M. D.
(Address) Adrian Mo

SEP 21 1932

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.

