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.

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

Do not use this space.

32430

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 2817 Linwood Blvd St. Ward)

File No.
Registered No. 3959

2. FULL NAME William Heagy
(a) Residence, No. 2817 Linwood St., (11) Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1842

7. AGE: 90 YEARS — MONTHS: 6 — DAYS: 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
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) Pittsburgh Pa.

FATHER
13. NAME Heagy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER
15. MAIDEN NAME Zeigler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisburg Pa

17. INFORMANT Mrs C.F. Smith
(ADDRESS) 2817 Linwood

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys DATE 10-22- 1932

19. UNDERTAKER Wagner Funeral Home
(ADDRESS) 204 W. Linwood

20. FILED 10/21, 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1929, to Oct. 20, 1932
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9.00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchol Pneumonia	
93C	
107A	
162	

Other contributory causes of importance:
Senility; chronic myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical 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) Albert S. Welch, M. D.
(Address) 835 Rialto Bldg.

Nov 4927
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