

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.

32493

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. 3228, Tracy) St. _____ Ward _____

File No. _____
Registered No. 4023
St. _____ Ward _____

2. FULL NAME Edwin R. Heath

(a) Residence, No. 3228 Tracy St., 13 Ward. (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>Male</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>Helen M. Heath</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 12 1839</u>		
7. AGE	YEARS <u>93</u>	MONTHS <u>3</u>
		DAYS <u>15</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>Physician</u>	
	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) <u>Janesville, Wis.</u>		
FATHER	13. NAME <u>Dr. James Heath</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Vermont</u>	
MOTHER	15. MAIDEN NAME <u>Lucinda Boyce</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Vermont</u>	
17. INFORMANT <u>Geo. F. Macgregor</u> (ADDRESS) <u>Vermont</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Luxwood Cemetery</u> DATE <u>10-29-32</u>		
19. UNDERTAKER <u>Stue & McElwee and P.</u> (ADDRESS) <u>Kansas City, Mo.</u>		
20. FILED <u>10/27, 1932</u> <u>M. M. Grove</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1932, to Oct. 27, 1932
I last saw him alive on Oct. 25, 1932. Death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
arteriosclerosis
93c
77
93c
Other contributory causes of importance: _____
Date of onset _____

Name of operation for Hernia Date of 10-17-32
What test confirmed diagnosis? clinical Was there an autopsy? no

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) W. L. Ray, M. D.
(Address) 321 Altman Bldg

Dr. W. L. Ray Ottoman Bldg.
Mar. 1488

until 6 - each