

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

Do not use this space.

40384

1. PLACE OF DEATH

County Lafayette

Registration District No. 457

2. Township

City Concordia, Mo.

Primary Registration District No. 4271

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Married

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

Marguertha Heber

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

June - 3 - 1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

60

6

18

176

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

Filling Station

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Attendant

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)

Saline County Missouri

13. NAME

Fritz Heber

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Mathilda Buss

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Lafayette Co. Missouri

17. INFORMANT (ADDRESS)

Fred H. Hemming Concordia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE

St. Paul Cemetery

DATE Dec. 25, 1932

19. UNDERTAKER (ADDRESS)

N. F. Duesenberg Concordia, Mo.

20. FILED

Dec 24, 1932 Ferdinand Shoyman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21 - 1932

22. I HEREBY CERTIFY, That I attended deceased from

Oct 10, 1932, to Dec 21, 1932
I last saw him alive on Dec 20, 1932 Death is said to have occurred on the date stated above, at 9:10 A.M.

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

Heart Failure Date of onset

9:10 A.M.

Other contributory causes of importance:

Mitral Regurgitation

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? No

If so, specify _____

(Signed) Ferdinand Shoyman, M. D.
(Address) Concordia, Mo.

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.

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