

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

Do not use this space.

46927

639

1. PLACE OF DEATH

76 County Osage
Township Benton
City Deer (No. _____ St. _____ Ward _____)

Registration District No. 4383
Primary Registration District No. 639-848

File No. _____
Registered No. _____

2. FULL NAME

Minie Hannah Heitkemper

(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 52 yrs. 52 mos. 52 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Herman Heitkemper</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 20 1846</u>		
7. AGE	YEARS	MONTHS
<u>5</u>	<u>86</u>	<u>0</u>
		DAYS
		<u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>S</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) <u>1928</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 10</u>		
13. NAME <u>Moller</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown 31</u>		
17. INFORMANT (ADDRESS) <u>Wm Heitkemper</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Deer</u> DATE <u>Dec 15 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Seaton Pewitt Chamora Ma</u>		
20. FILED <u>12/15 1932</u> <u>Esther Solder</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 7 1932 to Dec 13 1932
I last saw him alive on Dec 12 1932. Death is said to have occurred on the date stated above, at 9 a. m.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
107 A / 107 W
Other contributory causes of importance:
107 A / 107 W

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 traffic, 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. Country, M. D.
(Address) Chamora Ma

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE MUST 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.

