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.

42344

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 11476

City St. Louis (No. 21st Street Yard. Mo Pac RR Co St. ..... Ward)

2. FULL NAME Oliver H. Heath

(a) Residence, No. 2705 Hickory St., 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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: Cecelia Heath

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 12-1883

7. AGE: YEARS 49 | MONTHS 11 | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Switchman 123
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mo Pac RR Co
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): Mattoon Ills.

FATHER

13. NAME: Harrison Heath
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ills.

MOTHER

15. MAIDEN NAME: Alice Bradfield
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ills.

17. INFORMANT (ADDRESS): Mrs Cecelia Heath 2705 Hickory St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cemetery DATE: Dec 24 1932

19. UNDERTAKER (ADDRESS): Peetz Bros 3029 Lafayette Ave

20. FILED DEC 24 1932 Jean C. Starkley Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 22, 1932, to Dec. 9th, 1932, 19..
I last saw him alive on Dec. 9th, 1932. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Vascular Hypertension	
34	
92	
126	
102	

Other contributory causes of importance:
Lues

34

Name of operation ..... Date of .....
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? No
If so, specify .....
(Signed) William T. Hyatt, M. D.
(Address) 1605 S. 14th St., St. Louis

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