

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

Do not use this space.

**1. PLACE OF DEATH**

33 County DeKalb Registration District No. 263  
 Township Adams Primary Registration District No. 4162  
 City Weatherby (No. ....) St. .... Ward 1

File No. 829  
 Registered No. 1

**2. FULL NAME** Emma Jane Heinbaugh

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob Heinbaugh  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 1869  
 7. AGE YEARS 63 MONTHS 5 DAYS 3 IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
 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) Mead Co Kentucky

FATHER 13. NAME John Crawford

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

MOTHER 15. MAIDEN NAME Mary Jane Blackburn

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

17. INFORMANT Lawrence Heinbaugh  
 (ADDRESS) Weatherby Mo

18. BURIAL, CREMATION, OR REMOVAL Alta Vista Cemetary DATE Jan 5 1933

19. UNDERTAKER U.G. Pilcher  
 (ADDRESS) Maysville Mo

20. FILED Jan 8 1933 J.F. Hedrick, M.D.  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4 1933  
 22. I HEREBY CERTIFY, That I attended deceased from Dec 1932 to Jan. 1933  
 I last saw her alive on Jan 1 1933 Death is said to have occurred on the date stated above, at 11 P.m.  
 The principal cause of death and related causes of importance were as follows:

Optical Resonator  
7 mi 3 west  
HB 920  
 Other contributory causes of importance:  
influenza

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 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 Jacob Foster M. D.  
 (Signed) Jacob Foster  
 (Address) Weatherby 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.

WRITE LEGIBLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAR 9 1933

2 3 4 5 6 7 8 9 10 11 12

