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.

MAY 22 1933

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

Do not use this space.

12773

1. PLACE OF DEATH
County Cole — Registration District No. 213 — File No. 94
Township Jefferson — Primary Registration District No. 5-295 — Registered No. 1
City ..... (No. ..... St. ..... Ward)

2. FULL NAME George Heinrichs
(a) Residence, No. Highway 40 - 5 miles West J.C. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 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 Barbara R Veith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5 - 1871

7. AGE: YEARS 62 — MONTHS 2 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry
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) Holland

FATHER
13. NAME Henry Heinrichs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

MOTHER
15. MAIDEN NAME Margaret Beenboom
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

17. INFORMANT (ADDRESS) Mrs Geo Heinrichs J C Mo Rte 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters DATE 4/10 1933

19. UNDERTAKER (ADDRESS) Dawson - Tanner Jefferson City

20. FILED 4/12 1933 J. W. Bedford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1933, to Apr 7, 1933
I last saw him alive on Apr 7 1933 Death is said to have occurred on the date stated above, at 12 00 P m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrage — Date of onset 4/7/33

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Other contributory causes of importance:
Chronic Nephritis (Paronchimatous)

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical Sc Tab 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? No
If so, specify .....
(Signed) H. J. Taylor, M. D.
(Address) Jefferson City Mo.