

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.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

MAY 24 1933

1. PLACE OF DEATH
 112 County Missouri Registration District No. 896
 Township Agarta Primary Registration District No. 6198
 City (No. _____) St. _____ Ward _____

2. FULL NAME Granville Heat
 (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.

File No. 18747
 Registered No. 19

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 Mary Heat

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1842

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
91 0 23

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

FATHER
 13. NAME Isaac J. Heat
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perm.

MOTHER
 15. MAIDEN NAME Winters
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perm.

17. INFORMANT (ADDRESS) H. R. Heat

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memorial Cemetery DATE May 30, 1933

19. UNDERTAKER (ADDRESS) H. P. McInerney

20. FILED 6/1/33 19____
J. M. Blue
 Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1933, to May 23, 1933
 I last saw him alive on May 22, 1933 Death is said to have occurred on the date stated above, at 10:30 P. M.
 The principal cause of death and related causes of importance were as follows:
Pneumonia, Bronchial
107A
135B
104A 107W
 Other contributory causes of importance:
Coryza
Senility
Cystitis - chronic

Name of operation No Date of _____
 What test confirmed diagnosis? Clinical only 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) C. P. Macdonnell, M. D.
 (Address) Marshfield, Mo.

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