

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

Do not use this space.

19588

1. PLACE OF DEATH

48 County **JACKSON** Registration District No. **398**
5 Township **BLUE** Primary Registration District No. **3019**
8 City **INDEPENDENCE** (No. **1031 W. WHITE OAK**)

File No. _____
Registered No. **193**
St. _____ Ward _____

2. FULL NAME **MRS. ELIZABETH HEYMS**

(a) Residence, No. **1031 W. WHITE OAK** St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred **4** yrs. mos. ds. How long in U. S., if of foreign birth? **84** yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ROBERT H. HEYMS. (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-24-1843		
7. AGE	YEARS 90	MONTHS 0
	DAYS 5	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	NONE
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	NONE
	10. Date deceased last worked at this occupation (month and year) XXXXXX	11. Total time (years) spent in this occupation XX XX

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

13. NAME **HENRY Nessel**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

15. MAIDEN NAME **MARY DUMAS**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **FRANCE**

17. INFORMANT **J. R. FISHER**
(ADDRESS) **1031 W. WHITE OAK**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **ST. LOUIS MO.** DATE **JUNE 29, 1933**

19. UNDERTAKER **STAHL'S FUNERAL HOME**
(ADDRESS) **815 W. MAPLE AVE. INDEP. MO.**

20. FILED **July 1, 1933** **S. L. Cook**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JUNE 29, 1933** 19__

I HEREBY CERTIFY That I attended deceased from **June 1, 1932** to **June 29, 1933**
I last saw her alive on **June 29, 1933** Death is said to have occurred on the date stated above, at **7:20 A. M.**

The principal cause of death and related causes of importance were as follows:

Smile Sementic
152 167
Other contributory causes of importance:

Date of onset **1931**

Name of operation **None** Date of _____
What test confirmed diagnosis? **Clonus** as 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) **Joseph W. ...** M. D.
(Address) **...**

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.

JUL 22 1933

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