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

Do not use this space.
23133
B H

1. PLACE OF DEATH
County Jackson Registration District No. 399 File No. 2836
Township Kaw Primary Registration District No. 1002 Registered No.
City K. C. Mo (No. Trinity Luthern St. Ward)

2. FULL NAME Meredeth Fay Heisel
(a) Residence, No. Meudon, Mo 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 male
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-2-1917
7. AGE YEARS 16 MONTHS X3 DAYS 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy
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) Mo

FATHER
13. NAME Walter Heisel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Beula Kennedy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs. Walter Heisel Meudon - Mo
18. BURIAL, CREMATION, OR REMOVAL Auto PLACE Brunswick MO DATE 7-9-33
19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster 918 Brooklyn Ave
20. FILED July 9 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/9/33, 19
22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner to ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 5:40 A.m.
The principal cause of death and related causes of importance were as follows: Date of onset
Gunshot wound of hand
Tetanus
22
Other contributory causes of importance:
184
Name of operation no Date of
What test confirmed diagnosis? Was there an autopsy? yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 7/1/33
Where did injury occur? Meudon Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Gunshot wound of hand
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] DEP. COR, M. D.
(Address) [signature]