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.

SEP 26 1933

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

Do not use this space.

26469

1. PLACE OF DEATH
County JACKSON — Registration District No. 399
Township KAW — Primary Registration District No. 1002
City KANSAS CITY (No. 7135 JEFFERSON St. Ward)

File No. —
Registered No. 3204

2. FULL NAME ARCHIBALD D HEYDON
(a) Residence, No. 7135 JEFFERSON St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 47 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~~ MRS. MILDRED E. HEYDON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPTEMBER 13 1885

7. AGE: YEARS 47 — MONTHS 10 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SALESMAN
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. STATE LICENSE BUREAU
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) KANSAS CITY (STATE OR COUNTRY) MISSOURI

FATHER
13. NAME DR HEYDON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK

MOTHER
15. MAIDEN NAME ELLA E. MOSLEY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK

17. INFORMANT MRS. MILDRED E. HEYDON (ADDRESS) 7135 JEFFERSON ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIAH DATE Aug 11 19

19. UNDERTAKER D. W. NEWCOMERS SONS (ADDRESS) 2111 EAST 9TH ST.

20. FILED Aug 10, 1933 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1933, to Aug 8, 1933
I last saw h... alive on 7 a m 8-8, 1933 Death is said to have occurred on the date stated above, at 8:30 A.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis, Chronic — Date of onset

93C 93C

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? usual 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?
If so, specify
(Signed) K P Jones, M. D.
(Address) 4282 11th

Dr. R. O. Jones
~~421 Naughty Way~~ 11th & Locust McMillan Bldg.
11-12; 3-5

V. 2422