

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

Do not use this space.

27205-A

1. PLACE OF DEATH  
 77 County Stark Registration District No. 649  
 Township Noble Primary Registration District No. 6286  
 City Noble (No. ....) St. .... Ward)

File No. ....  
 Registered No. 14

2. FULL NAME Daniel Heusinger  
 (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.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie Weisinger  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-2-1865  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 11 24

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to Aug 26, 1933  
 I last saw him alive on June 2, 1933 Death is said to have occurred on the date stated above, at 9:30 a. m.  
 The principal cause of death and related causes of importance were as follows:

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.  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

Pulm. - Tuberculosis Date of onset cont/ma

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

Other contributory causes of importance: 29 A

FATHER  
 13. NAME John Weisinger

Name of operation none Date of .....  
 What test confirmed diagnosis R. G. Was there an autopsy? no

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

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....

MOTHER  
 15. MAIDEN NAME Lillie Peters

Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Noble Stark, Mo.

17. INFORMANT Lillie Weisinger Noble (ADDRESS) 740

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Peters Cemetery DATE Aug 23, 1933

19. UNDERTAKER neighbors (ADDRESS) .....

20. FILED Aug 26, 1933 Lattie H. Davis Registrar.

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify RM Norman, M. D.  
 (Signed) Ava M (Address) .....

NOV 10 1933

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.

