

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

Do not use this space.

32403

1. PLACE OF DEATH

16 County Cape Girardeau Registration District No. 125
1 Township " Primary Registration District No. 3009
8 City " No. So. E. Mo. Hospital St. _____ Ward _____

File No. _____
Registered No. 229
St. _____ Ward _____

2. FULL NAME

Robert Lee Heggie
(a) Residence, No. 737 Thurms 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9-1868

7. AGE YEARS 65 MONTHS 3 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker

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) Camden Tenn

13. NAME John J. Heggie

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

15. MAIDEN NAME Mary Rushing

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Robert Heggie Jr. (ADDRESS) Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lorimer DATE Oct 2-1933

19. UNDERTAKER Walther's Und. Co (ADDRESS) Cape Girardeau Mo

20. FILED 10-31-1933 W. H. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1933 to Oct 1, 1933
I last saw him alive on Sept 30, 1933 Death is said to have occurred on the date stated above, at 3:14 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
1868
1913
1920
Other contributory causes of importance:
fell down stairs struck head on granite floor
fracture skull

Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9-29, 1933
Where did injury occur? in his home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fell down stairs struck head
Nature of injury fracture skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) W. H. Young M. D.
(Address) Cape Girardeau Mo

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.

NOV 10 1933

MARGIN RESERVED FOR BINDING

