

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.

APR 25-1934

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

Do not use this space.

8970

PLACE OF DEATH

County Jackson
Township Wain
City Kansas City (No. Y.M.C.A.)

Registration District No. 389
Primary Registration District No. 3002

File No. 1166
Registered No. 1166
St. _____ Ward _____

2. FULL NAME

Clinton S. Heimbauch

(a) Residence, No. 3351 Baltimore 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 m 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 Carrie Heimbauch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 6 6

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. Implement

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) Michigan

13. NAME Don't know

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

15. MAIDEN NAME Amelia Shellhart

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

17. INFORMANT Mrs Carrie Heimbauch
(ADDRESS) 3351 Baltimore

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lyons Kans DATE Mar. 15, 1934

19. UNDERTAKER Carroll Davidson & Co
(ADDRESS) 3024 7th ave.

20. FILED Mar 14 1934 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1934

22. I HEREBY CERTIFY that Clinton S. Heimbauch deceased from _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above at _____ m.

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

Primary thrombosis
Chronic myocardial infarction

Other contributory causes of importance:

94 B
40 9 34

Name of operation _____ Date _____
What test confirmed diagnosis _____ Was there an autopsy _____

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) [Signature] M. D.
(Address) _____

