

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

Do not use this space.

APR 25 1934

10105

1. PLACE OF DEATH
 County Randolph Registration District No. 735
 Township _____ Primary Registration District No. 3034
 City Moberly (No. _____) St. _____ Ward _____

2. FULL NAME John Preston Heifer
 (a) Residence, No. 801 S. Clark St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 49

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Mrs R B Heifer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 1861

7. AGE YEARS 72 MONTHS 10 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macou Co. Mo

13. NAME John Heifer

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

15. MAIDEN NAME Mary Baker

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

17. INFORMANT Wife (ADDRESS) Moberly Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Nickony Grove DATE 3/29 34

19. UNDERTAKER James Preston Funeral Home (ADDRESS) Moberly Mo

20. FILED 3/29 1934 Eugenia Walker Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/27 1934

22. I HEREBY CERTIFY, That I attended deceased from March 25 1934 to March 27 1934
 I last saw him alive on March 27 1934 Death is said to have occurred on the date stated above, at 6:30 P. m.
 The principal cause of death and related causes of importance were as follows:
myocarditis
arterial hypertension
 Date of onset few weeks

Other contributory causes of importance? ?

Name of operation none Date of _____
 What test confirmed diagnosis? clinical 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? home (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) J E Heifer, M. D.
 (Address) Moberly Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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