

LOAN 2 14 1934

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

Do not use this space.

42006

1. PLACE OF DEATH

County Buchanan
Township St Joseph Mo
City St Joseph Mo (No. 327 No 5)

Registration District No. 85
Primary Registration District No. 1004

File No. _____
Registered No. 1340
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 922 No. 5 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 61 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 Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Mary F Labate

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26 1878

7. AGE YEARS 61 MONTHS 9 DAYS 9 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheriff of Buchanan
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) St Joseph Mo

MOTHER 13. NAME John Heisen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Margaret Rohan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Wesley Heisen
(ADDRESS) St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Joseph Cemetery 12/8 1934

19. UNDERTAKER Thomas F. Horn
(ADDRESS) St Joseph Mo

20. FILED R-7 1934 John R. Bender
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 34

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1934, to Dec 5, 1934.
I last saw him alive on Dec 5, 1934. Death is said

to have occurred on the date stated above, at 4:05 P.M.

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

Pulmonary Hemorrhage Date of onset Jan 9 1934
due to 2 2
Pulmonary Tuberculosis 14 yrs
Diabetes Mellitus 5 yrs

Other contributory causes of importance: _____

Name of operation None Date of _____

What test confirmed diagnosis? Chemical 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? No

If so, specify _____

(Signed) Clarence A. Good, M. D.

(Address) St Joseph 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.

MAINTAIN RESERVED FOR BINDING

