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

Do not use this space.

43267

JAN 8 1935

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 2600 Lockridge St. Ward)
Registration District No. 399 1002
Primary Registration District No.
File No.
Registered No.

2. FULL NAME Cora Lee Heizer
(a) Residence, No. 2600 Lockridge 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 Fe
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David E. Heizer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30. 68
7. AGE YEARS 66 MONTHS 4 DAYS 29. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
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) Grain Valley Mo

FATHER
13. NAME Albert Soward
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Mary E. Sutton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) David E. Heizer 2600 Lockridge
18. BURIAL, CREMATION, OR REMOVAL
PLACE Cremation DATE Dec. 31, 1934
19. UNDERTAKER (ADDRESS) Eylar Funeral Home K. C. Mo
20. FILED 12-31, 1934 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH Sat

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 1934
22. I HEREBY CERTIFY, That I attended deceased from April 4th, 1934, to December 29th, 1934
I last saw her alive on Dec. 28th, 1934 Death is said to have occurred on the date stated above, at 59 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis - secondary to Hyrotoxicosis -	

Other contributory causes of importance:
Brights disease -

Name of operation —— Date of
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) B A Poorman, M. D.
(Address) 652 Board Trade

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.

100M-11-24-33

Dr. Bert, A. Oborman Board Trade Bldg. 3424
Res. 2836 Prospect Lin 0777.