

SEP 18 1935

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

Do not use this space.

22398

## 1. PLACE OF DEATH

County *Lepton*Registration District No. *145*Township *Johnson*Primary Registration District No. *5208*

City (No. ....) St. .... Ward (No. ....)

File No. *18*Registered No. *2*2. FULL NAME *Karl Edmund Heese*

(a) Residence, No. .... 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) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 16-18 67*

7. AGE

YEARS *69*MONTHS *2*DAYS *1*

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

*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) *Germany*13. NAME *Edmund Heese*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*15. MAIDEN NAME *Josephine Keisking*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*17. INFORMANT (ADDRESS) *Ernest Belding*18. BURIAL, CREMATION, OR REMOVAL PLACE *Nikon Cemetery* DATE *7-18* 19*35*19. UNDERTAKER (ADDRESS) *W. H. Kennedy*20. FILED *Aug 16* 19*35* *Alvan W. Johnson* Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 17* 19*35*22. I HEREBY CERTIFY, That I attended deceased from *Jan. 15* 19*25* to *July 17* 19*35*I last saw him alive on *July 13* 19*35* Death is saidto have occurred on the date stated above, at *6:45 a.m.*

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

*Aortic and Pulmonary Regurgitation* Date of onset

Other contributory causes of importance:

*General Dropsy*

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

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) *W. H. Watson* M. D.(Address) *W. H. Watson No. 1*

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.

