

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

SEP 26 1935

28555

**1. PLACE OF DEATH**

County Missouri  
Township Washington  
City Washington (No. ....)

Registration District No. 899  
Primary Registration District No. 6206

File No. ....  
Registered No. 4 St. .... Ward)

**2. FULL NAME**

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1930, to Aug 31, 1935  
I last saw him alive on Aug 19, 1935. Death is said to have occurred on the date stated above, at 5 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 12 - 1862

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

7. AGE YEARS 74 MONTHS 4 DAYS 19 If LESS than 1 day, .... hrs. or .... min.

Date of onset

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

Cancer in Throat  
Other contributory causes of importance:  
LS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wichita, Mo.

13. NAME William Heymer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

15. MAIDEN NAME Sarah Dugan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

17. INFORMANT B O Haymer (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL PLACE St Luke DATE Sept 1, 1935

19. UNDERTAKER W. Mahan Funeral Service (ADDRESS) Washfield Mo

20. FILED Apr 3, 1935 W. M. Bueyer Registrar.

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 Cancer  
(Signed) E. M. Spicer M. D.  
(Address) Elkhart Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.  
If death occurred in a hospital, the name of the hospital and the name of the attending physician should be stated.  
If death occurred in a nursing home, the name of the nursing home should be stated.  
If death occurred in a sanitarium, the name of the sanitarium should be stated.  
If death occurred in a prison, the name of the prison should be stated.  
If death occurred in a military hospital, the name of the military hospital should be stated.  
If death occurred in a naval hospital, the name of the naval hospital should be stated.  
If death occurred in an army hospital, the name of the army hospital should be stated.  
If death occurred in an air force hospital, the name of the air force hospital should be stated.  
If death occurred in a coast guard hospital, the name of the coast guard hospital should be stated.  
If death occurred in a merchant marine hospital, the name of the merchant marine hospital should be stated.  
If death occurred in a hospital ship, the name of the hospital ship should be stated.  
If death occurred in a hospital for the insane, the name of the hospital for the insane should be stated.  
If death occurred in a hospital for the blind, the name of the hospital for the blind should be stated.  
If death occurred in a hospital for the deaf, the name of the hospital for the deaf should be stated.  
If death occurred in a hospital for the dumb, the name of the hospital for the dumb should be stated.  
If death occurred in a hospital for the feeble-minded, the name of the hospital for the feeble-minded should be stated.  
If death occurred in a hospital for the epileptic, the name of the hospital for the epileptic should be stated.  
If death occurred in a hospital for the paralytic, the name of the hospital for the paralytic should be stated.  
If death occurred in a hospital for the insane, the name of the hospital for the insane should be stated.  
If death occurred in a hospital for the blind, the name of the hospital for the blind should be stated.  
If death occurred in a hospital for the deaf, the name of the hospital for the deaf should be stated.  
If death occurred in a hospital for the dumb, the name of the hospital for the dumb should be stated.  
If death occurred in a hospital for the feeble-minded, the name of the hospital for the feeble-minded should be stated.  
If death occurred in a hospital for the epileptic, the name of the hospital for the epileptic should be stated.  
If death occurred in a hospital for the paralytic, the name of the hospital for the paralytic should be stated.

