

JAN 13 1936

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

Do not use this space.

41391

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **5009**
City **St. Louis** (No. **no Baptist Hospital**, St. Ward) Registered No. **10616**

2. FULL NAME

William Orlan Heath
(a) Residence, No. **Sikeston mo** St. **NP** Ward. **Sikeston Mo**
(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 **Male** 4. COLOR OR RACE **White** 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) **Sept 23-1913**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min
22 2 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Truck**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Driver**
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) **Scott Co mo**

13. NAME **William Heath**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Carmi Ill**

15. MAIDEN NAME **Susie Knight**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Willard Ill**

17. INFORMANT (ADDRESS) **Charles Heath Sikeston mo**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sikeston mo** DATE **12-15** 19 **35**

19. UNDERTAKER (ADDRESS) **Albert N. Hoge 229 North Market**

20. FILED **DEC 16 1935** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-13** 19 **35**
22. I HEREBY CERTIFY, That I attended deceased from **Dec 7th** 19 **35**, to **Dec 13** 19 **35**
I last saw him alive on **Dec 13** 19 **35** Death is said to have occurred on the date stated above, at **4:27 P.M.**

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

Carcinoma of left adrenal gland with metastasis in liver, lungs, blood vessels & uterus (left) Date of onset **51**

Other contributory causes of importance: **abscess right lung**

Name of operation **Exploration Separation** Date of **12-13-35**
What test confirmed diagnosis? **autops** Was there an autopsy? **yes**

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) **Nudson Talbott** M. D.

(Address) **metrop Bldg. St. Louis**

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.

