

MAR 17 1936

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

Do not use this space.

599

1. PLACE OF DEATH

County Christian Registration District No. 185
Township Sparta Primary Registration District No. 525-8
City (No. _____) St. _____ Ward _____

2. FULL NAME

Edith Heisterlee
(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.

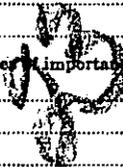
PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Arthur Heisterlee</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 15th 1891</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>10</u>
	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	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) <u>Missouri</u>		
FATHER	13. NAME <u>James McTeer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lynn</u>	
MOTHER	15. MAIDEN NAME <u>Nancy Shipman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Arthur Heisterlee Sparta Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sparta, Mo.</u> DATE <u>Jan 24/36</u>		
19. UNDERTAKER (ADDRESS) <u>Sto Railway Mch Co Sparta, Mo.</u>		
20. FILED <u>2-24</u> 19 <u>36</u> <u>J. Dupline Merritt</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24th 1936

22. I HEREBY CERTIFY That I attended deceased from Nov 1st 1933 to Jan 24th 1936
I last saw her alive on Jan 24th 1936 Death is said to have occurred on the date stated above, at 5:15 a.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 11-1-33

Other contributory causes of importance:


Name of operation _____ Date of _____
What test confirmed diagnosis? X Ray 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) H. J. Wise, M. D.
(Address) Sparta, Mo.

WRITE PRINTED, WITH OUTLINES

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.

