

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

MAY 14 1936

1028-2

1. PLACE OF DEATH

County Harrison Registration District No. 341
 Town Madison Trail Primary Registration District No. 5477
 City (No.) St. Ward

File No. Registered No. 4

2. FULL NAME

Charles B. Heinacher(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF May Heinacher6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-9-18487. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
87 2 158. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Re 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) Ohio13. NAME Joseph Heinacher14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Margaret Hedges16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT Res Heinacher
(ADDRESS) Eastville Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Eastville DATE 1-27 193619. UNDERTAKER Frank Kramer
(ADDRESS) Reston Ave20. FILED 1/27/36 1936 Heinacher Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

I last saw him alive on Jan 8 1936. Death is saidto have occurred on the date stated above, at 9 A. m.

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

Old age infirmities Date of onset

Other contributory causes of importance:

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) E. F. Harding D.O., M.D.(Address) Bethesda, Md.

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.

