

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.

APR 23 1936

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

Do not use this space.

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Registered No. 668
St. _____ Ward _____

1. PLACE OF DEATH

County Pettis Registration District No. 668
Township _____ Primary Registration District No. 3032
City Sedalia (No. 105 So. Prospect St. _____ Ward _____)

2. FULL NAME Herbert H. Heuerman

(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nell R. Heuerman		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1887		
7. AGE YEARS 48	MONTHS 10	DAYS 15
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman	
	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) Mo.		
FATHER	13. NAME William H. Heuerman	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
MOTHER	15. MAIDEN NAME Mary Whymoth	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.	
17. INFORMANT Mrs. H. H. Heuerman (ADDRESS) Sedalia Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Mar. 8 19 36		
19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia Mo.		
20. FILED S-6- 19 36 Jean Slack Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 6/36** 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **March 2** 19**36**, to **March 5** 19**36**
I last saw h. alive on **March 5** 19**36** Death is said to have occurred on the date stated above, at **1:42 a. m.**
The principal cause of death and related causes of importance were as follows:
Chronic glomerulonephritis
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Other contributory causes of importance:
Chronic myocarditis
Essential hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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**36**
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) **C. Isador Schaepfer**, M. D.
(Address) **Sedalia, Mo.**

