

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.

MAY 19 1936

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

Do not use this space.

13245-a

1. PLACE OF DEATH

County Jackson
Township KAW
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. St. Luke's Hospital)

File No. 1058
Registered No. 1058
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 14251 - W - 50th St. 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>Male</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>Margaret E. Heitz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 29, 1887</u>		
7. AGE	YEARS	MONTHS
	<u>49</u>	<u>2</u>
		DAYS
		<u>14</u>
		IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lumberman</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>Lewis Heitz</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>	
MOTHER	15. MAIDEN NAME <u>Nell Hovey</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Mrs. H. D. Heitz</u> (ADDRESS) <u>425 West 50th St. Terrace</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kansas City, Mo.</u> DATE <u>April 14 1936</u> <u>Forest Hill Cem.</u>		
19. UNDERTAKER <u>Stine & McClure Undertaking Co.</u> (ADDRESS) <u>3235 Gillham Plaza</u>		
20. FILED <u>Apr 13 1936 M. M. Cronin</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 1936

22. I HEREBY CERTIFY, That I attended deceased from April 9 1936, to April 11 1936.
I last saw him alive on April 6 1936. Death is said to have occurred on the date stated above, at 3:45 p.m.
The principal cause of death and related causes of importance were as follows:
Coronary Occlusion Date of onset 4-9-36

Other contributory causes of importance: 946

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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) Elin V. Michelmy, M. D.
(Address) 612 Park Bldg - KC Mo

FEB 10 1958