

JUL 24 1936

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

Do not use this space.

22939

1. PLACE OF DEATH

County Jackson Registration District No.
Township Kaw Primary Registration District No.
City Kansas City (No. 1209 East 45th) St. Ward)

File No.
Registered No. 2071
St. Ward)

2. FULL NAME Mrs. Elizabeth A Heiler

(a) Residence, No. 1209 East 45th 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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Heiler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 18 1850</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>11</u>
	DAY <u>26</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>Housewife</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>Iowa</u>		
FATHER	13. NAME <u>Isaac J Noble</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Jones</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Moberly, Mo.</u>	
17. INFORMANT <u>Dora Doan</u> (ADDRESS) <u>1209 East 45th St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bloomfield</u> DATE <u>6/18/36</u>		
19. UNDERTAKER <u>Quirk & Tobin Co.</u> (ADDRESS) <u>20 West Linwood</u>		
20. FILED <u>6/15 1936 M. M. Cronin</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-12-36, 1936, to 6-14-36, 1936.
I last saw h. e. alive on 6-14-36, 19..... Death is said to have occurred on the date stated above, at 9.....m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
Date of onset 6-12-36

Other contributory causes of importance:
Hypertension
Arteriosclerosis

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) O. H. W. East M. D.
(Address) 3850 Prospect

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.

THIS IS A PERMANENT RECORD

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