

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.

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

Do not use this space.

34827

1. PLACE OF DEATH

County Moxy Registration District No. 447
 Township Burns Primary Registration District No. 5007
 City Hedge City (No. _____) St. _____ Ward _____

2. FULL NAME

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 5 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) China no.

FATHER 13. NAME Charles Heimer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tahoka no.

MOTHER 15. MAIDEN NAME Bulah Kaylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quinn no.

17. INFORMANT Charles Heimer no.

18. BURIAL, CREMATION, OR REMOVAL PLACE Harmon cemetery DATE Sep-2-1936

19. UNDERTAKER Mrs. W. Hudson

20. FILED Sep 10 19 36 Frank Baldwin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1936 to Aug 31, 1936
 I last saw him alive on Aug 31, 1936. Death is said to have occurred on the date stated above, at 12:15 P.M.

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

Cholera Infantum Date of onset 8-3-36

1/93

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Phys Exam 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) W. L. Landfather, M. D.

(Address) Edina, Mo.

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