

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

Do not use this space.

37719

NOV 16 1933

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Jackson Primary Registration District No. 1002
 City A. C. No. (No. 3310 East 59th St.) St. _____ Ward _____

File No. _____
 Registered No. 4573
 St. _____ Ward _____

2. FULL NAME Addie Beel Heath

(a) Residence, No. 3310 East 59th 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 Homer Heath

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 27 - 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	64	6	19	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 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) Iowa

FATHER 13. NAME Joe Hunter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER 15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Mrs. Edith Leayster
3310 East 59th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hope, Ia DATE Oct 17 - 36

19. UNDERTAKER (ADDRESS) Mrs. C. L. Hunter
918 Brooklyn Ave

20. FILED Oct 16 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/11 36 to 10/16 36

I last saw him alive on 10/15 36 Death is said

to have occurred on the date stated above, at 3:20 p.m.

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

Primary Ca. Being Date of onset ?

Other contributory causes of importance: 48
Malignant Melanoma

Name of operation Radical Excision Date of 9/5
 What test confirmed diagnosis? Lab 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____
 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 V
 Nature of injury V

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) O. D. ...
 (Address) 4800 E. ...

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

100M-1-20-35 I X704

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.

MARGIN RESERVED FOR BINDING

D. D. [unclear]

De-5949

4800 East 27th
