

DEC 28 1936

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

Do not use this space.

1. PLACE OF DEATH

County Osage Cole Registration District No. 213
Township Crawford Primary Registration District No. 2014
City Jefferson St. Mary Hosp. St. _____ Ward _____

File No. 40760
Registered No. 314

2. FULL NAME

Lawrence J Heimericks
(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. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Margaret Heimericks
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 1 1907
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 8 13

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14, 1936
22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1936, to Nov 14, 1936
I last saw him alive on Nov 14, 1936 Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:
Streptococcus sore throat Date of onset _____

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware dealer
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 _____

Other contributory causes of importance:
Streptococcus pneumoniae

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wardsville Colo Mo
13. NAME Gehard Heimericks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

Name of operation home Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? _____

MOTHER 15. MAIDEN NAME Caroline Leopard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

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. _____

17. INFORMANT Margaret Heimericks (ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL PLACE Wardsville Mo DATE Nov-17 1936

Manner of injury _____
Nature of injury _____

19. UNDERTAKER Seaton Purth (ADDRESS) _____
20. FILED 11/16/36 1936 W. B. Ford M.D. Registrar.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Dean A Taylor (Signed) _____, M. D.
(Address) Jefferson City Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1891 ~~11~~ 11
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