

JAN 29 1937

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

Do not use this space.

44133

1. PLACE OF DEATH

County Clay  
Township Fishing River  
City Excelsior Springs

Registration District No. 198  
Primary Registration District No. 3011  
(No. U.S. Vet. Hosp.)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Paul R. Heald Bomb Higginsville Mo  
(a) Residence, No. 512 St. Andrews 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. 5 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 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 Eloise

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-12-1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>44</u>	<u>7</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry  
10. Date deceased last worked at this occupation (month and year) 12-5-1936  
11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Higginsville Mo

13. NAME unknown

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

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL

PLACE Higginsville Mo DATE 12 5 1936

19. UNDERTAKER (ADDRESS) Robert Mauerhagen Higginsville Mo

20. FILED 12-5-1936 Mr. R. M. Craven Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-5-1936

22. I HEREBY CERTIFY, That I attended deceased from 12 4 1936, to 12 5 1936

I last saw him alive on 12 5 1936 Death is said to have occurred on the date stated above, at 2:00 A.M.

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

Cerebral edema Date of onset \_\_\_\_\_

Other contributory causes of importance: resolubilia

Name of operation 15 Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) J. C. Henderson M. D.  
(Address) U.S.U. 1100 23

AUG 13 1957