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

JUN 17 1937

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

Do not use this space.

File No. 19721

Registered No.

1. PLACE OF DEATH
County: Carroll
Township: De Witt
City: Near De Witt (No. ..... St. ..... Ward)

Registration District No. 136
Primary Registration District No. 5194

2. FULL NAME: DAISY ILENE HEISHMAN

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 21-1935

7. AGE: Years 1 | Months 7 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
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): Brunswick Mo

FATHER

13. NAME: Gordon Heishman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Triplett Mo.

MOTHER

15. MAIDEN NAME: Nedra L. Hazlett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brunswick Mo

17. INFORMANT (ADDRESS): Gordon Heishman De Witt Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Brunswick Mo. DATE: May 11, 1937

19. UNDERTAKER (ADDRESS): L. Moersch Brunswick Mo

20. FILED: May 10, 1937 Berta Henderson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1937, to May 9, 1937
I last saw h. alive on May 9, 1937. Death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

Acute Poisoning accidental (Acetanilid) — Date of onset

Other contributory causes of importance:

NA

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? No
If so, specify
(Signed) H. A. Boulte, M. D.
(Address) De Witt Mo.