JUL 28 1937

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

Do not use this space.

File No. 23838

Registered No.

1. PLACE OF DEATH
County: Holt
Township: ~~Lincoln~~
City: Corning (No. ..... St. ..... Ward)
Registration District No. 368
Primary Registration District No. 4214

2. FULL NAME: Fred Heitman

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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~~: Vena Heitman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-7-1877

7. AGE: Years 60 | Months 3 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
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): Mch., 1934
11. Total time (years) spent in this occupation: 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ohio

FATHER
13. NAME: Carson Heitman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Matilda Borchers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs Fred Heitman

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lodge - Craig DATE: June 6, 1937

19. UNDERTAKER (ADDRESS): Schooler Bros Corning Mo

20. FILED 7-3, 1937 Mrs. Susie Swan, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1937 to June 4, 1937
I last saw ~~him~~ alive on June 14, 1937. Death is said to have occurred on the date stated above, at 3.05 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Catarrhal Inflammation	April 1937
Gall Bladder	
Bronchial Pneumonia	June 4 1937

Other contributory causes of importance:

Name of operation: ..... 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) [illegible], M. D.
(Address) Tarkio Mo

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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