

AUG 23 1937

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

Do not use this space.

27174

1. PLACE OF DEATH

County FranklinRegistration District No. 1104Township SealedPrimary Registration District No. 4554City Sealed (No.)

St. Ward)

File No.

Registered No. 82. FULL NAME Heinrich Wilhelm Heidhold(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 11 yrs. X mos. X 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)

Single

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

Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

12-20-62

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

74618

OCCUPATION

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

farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

X10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation

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

Franklin, Mo

13. NAME

Herman Heidhold

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

Germany

15. MAIDEN NAME

Hannah L. Laurer

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

Germany

17. INFORMANT (ADDRESS)

Ed Helling, Sealed, Mo

18. BURIAL, CREMATION, OR REMOVAL

Chavez, Beef can 7-11, 1937

19. UNDERTAKER (ADDRESS)

Ed Meyer, Sealed, Mo20. FILED 7-10, 1937W. P. Fitzgerald, Sealed, Mo
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-8, 193722. I HEREBY CERTIFY, That I attended deceased from June 16, 1937, to July 8, 1937Last saw him alive on July 8, 1937. Death is said to have occurred on the date stated above, at 7:45 P.M.

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

Cerebral hemorrhage Date of onset 6-16-37Other contributory causes of importance: 8201Hardening of arteriesName of operation None Date ofWhat test confirmed diagnosis? clinical 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) W. P. Fitzgerald, M. D.(Address) Sealed, 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.

