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.

NOV 17 1937

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

Do not use this space.

1. PLACE OF DEATH
County Daviess
Township
City Gallatin (No. ..., St. ..., Ward)

Registration District No. 250
Primary Registration District No. 4150

File No. 37530
Registered No. 33

2. FULL NAME Woodrow Lee Heaston

(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 yrs. 1 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
0	1	9	

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) XXX
11. Total time (years) spent in this occupation XXX

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gallatin, Missouri

FATHER
13. NAME Carl D. Heaston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gallatin Missouri

MOTHER
15. MAIDEN NAME Helen Bertie Stephens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kingston Missouri

17. INFORMANT (ADDRESS) Carl Heaston Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brown Cemetery DATE Oct. 15, 1937

19. UNDERTAKER (ADDRESS) Hope Furn. & Undt. Co., Gallatin, Mo.

20. FILED Oct. 14, 1937 H. A. Hope Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 10, 1937, to Oct. 12, 1937
I last saw him alive on Oct 12, 1937. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition due to lack of care and proper food	
NMO	

Other contributory causes of importance:

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Name of operation — Date of —
What 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) M. A. Smith, M. D.
(Address) Gallatin Mo