

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

Do not use this space.

2731

1. PLACE OF DEATH  
 38  
 4  
 County Henry Registration District No. 312  
 Township Jackson Primary Registration District No. 4188  
 City King City, Mo (No. ....) St. .... Ward (No. ....)

2. FULL NAME Frederick C. Heintz 532.  
 (a) Residence, No. King City, Mo. St. .... Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emilie Heintz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9 - 9 - 1867</u>		
7. AGE <u>70</u>	YEARS <u>3</u>	MONTHS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation <u>1932</u>
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Merces County Ohio</u>		
13. NAME <u>George Heintz</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Agatha Kierulff</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>L. S. Heintz</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>King City</u> DATE <u>Jan. 4 1938</u>		
19. UNDERTAKER (ADDRESS) <u>Lulu M. Wilson</u> <u>King City, Mo</u>		
20. FILED <u>1-4-</u> 19 <u>38</u> <u>Donald S. Smith</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1938

22. I HEREBY CERTIFY, That I attended deceased from 1935 to Jan 2 1938

I last saw him alive on Jan 1 1938. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:  
Dilatation of heart with valvular insufficiency before 1932

Other contributory causes of importance: heavy manual labor

Name of operation none 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) Mark H. R. Hoads, M. D.  
284 (Address) King City 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.

RECEIVED

FEB 24 1938

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MO: STATE BOARD OF HEALTH