

REC'D JUN 10 1938

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

Do not use this space.

1. PLACE OF DEATH

County Franklin
Township Boeuff
City (No.) (No.) St. Ward)

Registration District No. 292
Primary Registration District No. 3-410

File No. 18203

Registered No.

2. FULL NAME

Edward Heidler 342
(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Single, Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27th 1868

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 10 A.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 7 6

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Section R R
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

Date of onset

Acute Myocarditis
Other contributory causes of importance: None

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

Name of operation none Date of

FATHER 13. NAME Ed Heidler

What test confirmed diagnosis? Cerner Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Not Date of injury....., 19.....

MOTHER 15. MAIDEN NAME Not Known

Where did injury occur? W. B. A. Proj. 4744
(Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Theresa Heidler
(ADDRESS) Washington Mo

Manner of injury Public Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Mo DATE 1938
Catholic Cemetary

Nature of injury none

19. UNDERTAKER Otto & Co
(ADDRESS) Washington Mo

24. Was disease or injury in any way related to occupation of deceased? No

20. FILED June 5, 1938 Jeffie Grammer
Registrar. 265

(Signed) Thos. P. Shaffer

(Address) Sullivan Mo.

