

REC'D JUL 17 1938

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

Do not use this space.

22261

## 1. PLACE OF DEATH

 County Lafayette  
 Township Middletown  
 City Waverly, Mo (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward)

 Registration District No. 465  
 Primary Registration District No. 5620A

 File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_
2. FULL NAME Vernon Arthur Erich Heimsoth
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. 503 8  
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

## 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 XX6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10 1922
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
16 6 19

 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helped on farm  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X  
 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation \_\_\_\_\_
12. BIRTHPLACE (CITY OR TOWN) Cole Camp, Mo (STATE OR COUNTRY) U
 FATHER 13. NAME Erich R. Heimsoth  
 14. BIRTHPLACE (CITY OR TOWN) Cole Camp, Mo (STATE OR COUNTRY) U

 MOTHER 15. MAIDEN NAME Johanna Harms  
 16. BIRTHPLACE (CITY OR TOWN) Houstonia, Mo (STATE OR COUNTRY)
17. INFORMANT Erich Heimsoth (ADDRESS) Waverly, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Luth Cemety Alma, Mo June 23, 193819. UNDERTAKER E. S. James (ADDRESS) Concordia, Mo20. FILED June 25 1938 Elizabeth Corcoran Registrar. 876

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21-193822. I HEREBY CERTIFY, That I attended deceased from 6-20-1938 to 6-21-1938

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19 \_\_\_\_\_ Death is said

to have occurred on the date stated above, at 12:30 p.m.

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

Multiple fracturing of skull Date of onset \_\_\_\_\_Coroner case 207M 6

Other contributory causes of importance:

Mangled body  
Struck by freight train  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Y
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 6-21-1938Where did injury occur? 3 mi. S. of Hazel, Mo. (Specify city or town, county, and State)

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

Manner of injury Struck by freight train  
Nature of injury Mangled body24. Was disease or injury in any way related to occupation of deceased? YIf so, specify \_\_\_\_\_ (Signed) E. E. Nesbit Coroner M. D.(Address) Adrian, Mo.

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY UNDERSTOOD BY ANYONE

