

DECD AUG 24 1938

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

25500

Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 391
 (b) Township Acadeca Primary Registration District No. 4730
 (c) City Ironton (d) Street No. St. Marys Hospital Registered No. 48
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph Ulrich Heberlie 164

(a) Residence, No. Farmington Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9, 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 6 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. jeweler
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) July 23, 1938 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnith Mo.13. NAME Nicholas Heberlie14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coffman Mo.15. MAIDEN NAME Lonied LaRose16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve Mo.17. INFORMANT Bessie Heberlie
(ADDRESS) Farmington Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Perryville Mo. DATE July 28, 193819. FUNERAL DIRECTOR Norman White & Sons
(ADDRESS) Ironton Mo.20. FILED July 27 1938 Ra Ra Ra (Address) 353
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 193822. I HEREBY CERTIFY, That I attended deceased from July 24, 1938, to July 25, 1938

I last saw him alive on July 25, 1938. Death is said to have occurred on the date stated above, at 3.30 P.M.

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

cerebral hemorrhage

Date of onset

Other contributory causes of importance:

hypertentionName of operation none Date ofWhat test confirmed diagnosis? clinical tests Was there an autopsy?

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?

If so, specify

(Signed)

(Address)

George W. Gay, M. D.
Ironton, Missouri

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

I X12004

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.

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)