

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

Do not use this space.

2828

REC'D FEB 24 1939

1. PLACE OF DEATH

County Lafayette 2
Township Livingston 1
City Livingston, Mo. (No. _____)

Registration District No. 461
Primary Registration District No. 3024

File No. 7
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Robert Rudolph Heman

(a) Residence, No. 1901 Frankly Ave. Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ma 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 Pauline Entle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29-1895

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, _____ hrs. or _____ min.
43 1 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Agusta, Mo.

13. NAME William Heman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Agusta, Mo.

15. MAIDEN NAME Ida Ostoff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Agusta, Mo.

17. INFORMANT Mrs Pauline Heman (ADDRESS) Livingston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Livingston, Mo. DATE Jan 30 1939

19. UNDERTAKER Winkles (ADDRESS) Livingston, Mo.

20. FILED Feb. 6 1939 Delia Bales Registrar.

MEDICAL CERTIFICATE OF DEATH

39

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 24 1939, to Jan 27 1939

I first saw him alive on Jan 27 1939 Death is said to have occurred on the date stated above, at 9:20 p.m.

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

Cerebral thrombosis
apoplexy

Date of onset

Other contributory causes of importance: hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____ (Signed) [Signature] M. D.

(Address) Livingston, Mo. 896

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.

Corrected by affidavit Apr. 3, 1939. L. Wood.

see affidavit # 164 in misc file - 1939

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2/9/39