

REC'D APR 17 1939

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

Do not use this space.

**1. PLACE OF DEATH**

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

**2. FULL NAME**

(a) Residence, No.

(Usual place of abode)

St.,

Ward.

(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  
Male4. COLOR OR RACE  
White5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)  
Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF  
Luzenia Heady6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  
Sept 24 1857

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1  
day, ..... hrs.  
or ..... min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)17. INFORMANT  
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL  
PLACE19. UNDERTAKER  
(ADDRESS)

20. FILED

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13-39

22. I HEREBY CERTIFY, That I attended deceased from  
3-10-1939, to 3-13-1939I last saw him alive on 3-12-1939. Death is said  
to have occurred on the date stated above, at 7:10 A.M.

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

Cerebral accident

Date of onset

3-9-39

Other contributory causes of importance:

General debility  
& hyperemia

Name of operation

Date of

What test confirmed diagnosis? 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

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)

(Address)

L. H. Wyatt  
3450 Prospect

M. D.

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

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.

