

REC'D JUN 20 1939

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

Do not use this space.

19038

1. PLACE OF DEATH

County Lafayette  
Township Livingston  
City Livingston, Mo.

Registration District No. 461  
Primary Registration District No. 3024

File No. 40  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

David Oty Heathman

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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 Clara Dawson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 - 1867

7. AGE YEARS 70 MONTHS 0 DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Retired

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) Livingston Mo

13. NAME John M Heathman

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

15. MAIDEN NAME Nancy E Thomason

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. Carolina

17. INFORMANT Dawson Heathman (ADDRESS) Livingston, Mo

18. BURIAL, CREMATION, OR DISPOSURE PLACE Livingston, Mo DATE May 28 1939

19. UNDERTAKER Winkler (ADDRESS) Livingston, Mo

20. FILED June 5 1939 Delia P. Dated Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1939

22. I HEREBY CERTIFY, That I attended deceased from May 25 1939, to May 26 1939

I last saw him alive on May 26 1939. Death is said to have occurred on the date stated above, at 10:15 p.m.

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

CONGESTIVE CARDIAC FAILURE  
Date of onset \_\_\_\_\_  
AS

Other contributory causes of importance:  
HYPERTENSIVE CARDIAC DISEASE  
EPILEPSY  
ARTERIO-SCLEROSIS

Name of operation NONE Date of \_\_\_\_\_  
What test confirmed diagnosis? E Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No 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? No  
If so, specify \_\_\_\_\_

(Signed) S. Smallwood M. D.  
(Address) Livingston, Mo

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.

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

1939-1 2094

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 6/8/39