FILLED NOV 19 1941

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

Do not use this space.

3580183

1. PLACE OF DEATH
County Platte
Township Pettis
City ..... (No. ..... St. ..... Ward)

Registration District No. 695
Primary Registration District No. 5922

File No. 0
Registered No. 0

2. FULL NAME Jacob Heller 0
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lulu Heller Oct 27

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27-1860

7. AGE YEARS 80 MONTHS 11 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant
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) 3
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France 5

FATHER
13. NAME Geo Heller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France 5

MOTHER
15. MAIDEN NAME Y
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Y 9

17. INFORMANT (ADDRESS) Lulu Heller Parkville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Mathew DATE Sept 1 1941

19. UNDERTAKER (ADDRESS) Noland Parkville Mo

20. FILED 10-30 1941 S. P. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29, 1941

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1941 to Sept 28, 1941
I last saw her alive on Sept 28, 1941 Death is said to have occurred on the date stated above, at 5:00 P.m.
The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation
Chronic Myocarditis

Date of onset

Other contributory causes of importance:
Chronic Atrophic Arthritis

Name of operation 938 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, 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) Underwood H.C., M. D.
(Address) Parkville, Mo.

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.

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