

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

Do not use this space.

31094

1. PLACE OF DEATH

County Henry Registration District No. 352 File No.
 Township Primary Registration District No. 4209 Registered No. 18
 City Montrose (No.) St. Ward)

2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

Unnamed Heiman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep. 10. 1931
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or 2 min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Infant
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Leo Martin Heiman
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kansas
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Math A. Wellhoning
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas
 (STATE OR COUNTRY)

14. INFORMANT Leo Naman
 (Address) Montrose Mo

15. FILED Sep. 11. 1931 J. M. Miller
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep. 1 1931
 17. I HEREBY CERTIFY, That I attended deceased from Sep 10 1931 to Sep 11 1931, 1931, and that I last saw him alive on Sep 10 1931, and that death occurred, on the date stated above, at 5. a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth

119 / 159
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) J. M. Miller M. D.
 (Address) Montrose Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Catholic Cem. DATE OF BURIAL Sep. 11 1931

20. UNDERTAKER none ADDRESS ✓

K. 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.

OCT 22 1931

