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

Do not use this space.

16894

1. PLACE OF DEATH

108 County Vernon — Registration District No. 875 — File No.

Township Washington — Primary Registration District No. 6162 — Registered No. 102

City ..... (No. 4 ..... St. ..... Ward)

2. FULL NAME Richard Heady

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

MAY 27 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
m	white	divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Berlin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) D-K. 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	74	–	–	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 1
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) —
(STATE OR COUNTRY) Mo 1

PARENTS

10. NAME OF FATHER Eli Heady
11. BIRTHPLACE OF FATHER (CITY OR TOWN) —
(STATE OR COUNTRY) — 31
12. MAIDEN NAME OF MOTHER Polly Presley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
(STATE OR COUNTRY) —

14. INFORMANT State Hosp Record
(Address) Nevada Mo

15. FILED 4/30, 1931 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 2 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 24, 1931, to Apr 2, 1931, that I last saw him alive on Apr 2, 1931, and that death occurred, on the date stated above, at 11:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93C

93

Arteriosclerosis

..... (duration) + yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chr. myocarditis

..... (duration) + yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 93C

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) E. H. Coon, M. D.

4-2, 1931 (Address) Nevada 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	DATE OF BURIAL
Bolivar Mo	4-4/31

20. UNDERTAKER	ADDRESS
Willard Ervin	Bolivar