

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.

NOV 23 1932

19360-13

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

Do not use this space.

19360 B

1. PLACE OF DEATH
 46 County Howell Registration District No. 384
 9 Township _____ Primary Registration District No. 4727
 4 City West Plains, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Thao Bastard Heiler

(a) Residence, No. _____ St. _____ Ward _____
 (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.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ma 4. COLOR OR RACE wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Heiler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-18-47

7. AGE YEARS <u>82-</u>	MONTHS <u>11</u>	DAYS <u>08</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Deer Co., Mo.

13. NAME Heiler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deer Co., Mo.

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deer Co., Mo.

17. INFORMANT (ADDRESS) Mrs. Ina Jewell West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Howell Valley DATE 6/76-1932

19. UNDERTAKER (ADDRESS) John Jewell, deting West Plains, Mo.

20. FILED 7-10-32 1932 O. O. Radwinich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/26-1932

22. I HEREBY CERTIFY, That I attended deceased from 5-2- 1932 to 6-25-32
 I last saw him alive on 6-26-32 Death is said to have occurred on the date stated above, at 8:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia
15
15
 Date of onset _____

Other contributory causes of importance: none

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 _____, 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) Edmund W. Keene, M. D.
 (Address) West Plains, Mo.

