

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

Do not use this space.

**26026**

1. PLACE OF DEATH  
 29 County Dach County Registration District No. 238  
 4 Township Lackwood Primary Registration District No. 2145  
 6 City Lackwood Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Heulde Agnes Heiman Neuman  
 (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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writing the word) <u>single</u>		
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November 4th 1900</u>				
7. AGE	YEARS <u>37</u>	MONTHS <u>8</u>	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession; or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Hairstyler</u>			
	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) <u>Lackwood Mo</u> (STATE OR COUNTRY) <u>Mo</u>				
FATHER	13. NAME <u>Paul Heiman</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Briefenhaffen</u> (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Miss Kallmeier</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Hopletown</u> (STATE OR COUNTRY) <u>Ill</u>			
17. INFORMANT <u>Paul Heiman</u> (ADDRESS) <u>Lackwood Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>father's family</u> DATE <u>4th</u> 19 <u>33</u>				
19. UNDERTAKER <u>P. T. Hankschild</u> (ADDRESS) <u>Lackwood Mo</u>				
20. FILED <u>8</u> 19 <u>33</u> <u>J. Adkins</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st 1933, to Aug 2nd 1933  
 I last saw her alive on Aug 2nd 1933. Death is said to have occurred on the date stated above, at 4 p. m.  
 The principal cause of death and related causes of importance were as follows:  
Generalized Peritonitis  
Gangrenous Appendix  
(Ruptured before operation)  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Chronic Appendicitis

Name of operation Appendectomy Date of Aug 1-1933  
 What test confirmed diagnosis? Surgery Was there an autopsy? no

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Paul E. Purvinton MD  
 (Address) Lackwood 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.

SEP 26 1933

