

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.

MAY 3 4 1932

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

Do not use this space.

15899

1. PLACE OF DEATH  
 31 County Greene Registration District No. \_\_\_\_\_  
 Township Jackson Primary Registration District No. 5447  
 City Springfield (No. RJA no 1) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Blandville Bee Headlee  
 (a) Residence, No. RJA no 1 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie Headlee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 4-1886

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>80-70</u>	<u>7</u>	<u>28</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Missouri 1

FATHER

13. NAME Samuel Headlee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

MOTHER

15. MAIDEN NAME Emily Armour

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Frank Headlee  
RJA no 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Comfort DATE May 23 1932

19. UNDERTAKER (ADDRESS) Wm. J. ...  
Springfield

20. FILED May 3 1932 Mrs. Everett May  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-2-1932

22. I HEREBY CERTIFY, That I attended deceased from 4-29-1932 to 5-2-1932  
 I last saw him alive on 5-1-1932 Death is said to have occurred on the date stated above, at 79 m.  
 The principal cause of death and related causes of importance were as follows:  
Acute dilatation of Heart  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance:  
Labor Pneumonia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chin 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) Henry J. Knapp, M. D.  
 (Address) 406 1/2 E. Com

