

FEB 20 1935

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

Do not use this space.

6118

1. PLACE OF DEATH

County Monticane  
Township Walker  
City Calhoun (No. 571)

Registration District No. 571  
Primary Registration District No. 5769

File No. 9  
Registered No. 9 Ward 9

2. FULL NAME

(a) Residence, No. Nicholas Theodore Heyssel 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 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 Lena Heyssel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 - 1870

7. AGE YEARS 64 MONTHS 11 DAYS 26 If LESS than 1 day, hrs. min.

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

13. NAME Eduard Heyssel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Hennrich Oswald

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

17. INFORMANT (ADDRESS) Lena B. Heyssel

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem DATE 2/14 1935

19. UNDERTAKER (ADDRESS) William & Fred Meyer

20. FILED 2 - 14 - 1935 H.R. Poppey Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 11 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-11-1935 to 2-11-1935

I last saw h. alive on 2-11-1935 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular heart trouble

Other contributory causes of importance:

Name of operation none Date of no

What test confirmed diagnosis history Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 1935

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) H.R. Poppey Coroner, M. D.

(Address) California

