

SEP 25

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

Do not use this space.

27340

1. PLACE OF DEATH
 County Monticau Registration District No. 571
 Township Walker Primary Registration District No. 4335
 City California (No.) St. Ward) (If nonresident give city or town and State)

2. FULL NAME Herbert Clayton Heather
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 8 - 1917

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
12 9 18

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (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) Monticau Co

10. NAME OF FATHER Joseph Heather

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co

12. MAIDEN NAME OF MOTHER Melie Fitcher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co

14. INFORMANT (Address) Joseph Heather
James town, Mo

15. FILED Aug 30 1930 J. W. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 6 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 1 1930 to Aug 6 1930 that I last saw him alive on Aug 3 1930, and that death occurred on the date stated above, at California Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute gastritis
1180
 CONTRIBUTORY (SECONDARY) General Depravity (duration) 10 yrs. mos. da.
all life (duration) all life yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? At Home
 IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHEN TEST CONFIRMED DIAGNOSIS? (Signed) Elles & Raibe, M. D.
James town Mo (Address) Oct 1, 1930

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sheloh Cem DATE OF BURIAL 8/7 1930

20. UNDERTAKER William T. ... ADDRESS California

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.

