

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.

REC'D MAR 21 1938

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

Do not use this space.

1. PLACE OF DEATH
 County Monteau Registration District No. 571
 Township Walker Primary Registration District No. 3769
 City (No. _____) _____ St. _____ Ward _____
 File No. 7485
 Registered No. 9

2. FULL NAME Jackie William Heather 360
 (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.

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) Feb 16 - 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day hrs. min.
Still Born

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

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) Monteau Co. 0

13. NAME Jack Heather 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co. 0

15. MAIDEN NAME Desis Ray

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

17. INFORMANT (ADDRESS) Jack Heather California mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Shiloh Cem DATE 2/16 1938

19. UNDERTAKER (ADDRESS) Thellusie & Friedmeyer California mo

20. FILED 2-16-1938 H. H. Poppey Registrar. 504

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16-1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____ 19____, I last saw h. _____ alive on Never, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:
Still born
Cause unknown
 Date of onset _____

Other contributory causes of importance: _____

Name of operation None Date of _____
 What test confirmed diagnosis? Cluesal Was there an autopsy? Yes

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) H. H. Poppey _____ M. D.
 (Address) California mo

