

FILED MAY 7 1941

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

Do not use this space.

14358

## 1. PLACE OF DEATH

County Cooper Registration District No. 224  
Township North Mantau Primary Registration District No. 5309  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)File No. 27  
Registered No. 52. FULL NAME Lawrence Heisler(a) Residence, No. Cooper 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-8-18597. AGE YEARS 82 MONTHS 9 DAYS 13 IF LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
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) Germany13. NAME unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Bernice Gritman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Mary Heisler  
(ADDRESS) Prairie Home, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Cedron Cem. DATE 2-24 194119. UNDERTAKER C. Albert Hornbeck  
(ADDRESS) Prairie Home, Mo20. FILED 2-22 1941 A. L. Meredith  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-21 194122. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1940 to 2-21 1941I last saw him alive on 2-19 1941 Death is said to have occurred on the date stated above, at 10 A. m.

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

Carcinoma Stomach Date of onset 3Other contributory causes of importance: 468Name of operation \_\_\_\_\_ Date of \_\_\_\_\_What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Dr. A. L. Meredith C.M. D.(Address) Prairie Home, Mo202

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 impo

RECEIVED

District Health Officer No. 8,

District File Number 5-2-41

Date Filed -----