

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.

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

Do not use this space.

2192

PLACE OF DEATH

County Montgomery  
Township Lebanon  
City Rhinecland (No. ....)

Registration District No. 394  
Primary Registration District No. 4352

File No. ....  
Registered No. 4 St. .... Ward)

2. FULL NAME

(a) Residence, No. ....

(Usual place of abode)

St. ....

Ward. ....

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

Jane Heyning

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov 15 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, .... hrs.  
or .... min.

72

2

14

OCCUPATION

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

Retired Farmer

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

so

10. Date deceased last worked at  
this occupation (month and  
year)

1902

11. Total time (years)  
spent in this  
occupation

29

12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Rhinecland Mo

MOTHER

13. NAME

Frank Heyning

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

Germany

15. MAIDEN NAME

Henritta Struttman

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

Germany

17. INFORMANT  
(ADDRESS)

Frank Heyning  
Rhinecland Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St Joseph Cem

DATE

Feb 1

1931

19. UNDERTAKER  
(ADDRESS)

Barton Baker  
Amiens

20. FILED

1-31 1931 O.R. Rauschelbach  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan 29 1931

22. I HEREBY CERTIFY, that I attended deceased from

Nov 15 1929, to Jan 29 1931

I last saw him alive on Jan 29 1931. Death is said

to have occurred on the date stated above, at 11:30 P.m.

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

Acute Lobar Pneumonia Date of onset 1-27-31

138  
77 108

Other contributory causes of importance:

arterio Sclerosis

about  
2 yrs  
Past

Name of operation

Date of

What test confirmed diagnosis? Clinical 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) O.R. Rauschelbach, M. D.

(Address) Rhinecland Mo

