

STATE OF KANSAS

State Board of Health—Division of Vital Statistics

STANDARD
CERTIFICATE OF DEATH

Do not write

87 3644

In this space

1. PLACE OF DEATH: County Sedgwick
 Township Quarles Registered No. 479
 or City Wichita, Ks No. R. #6 (4 Mi. S. on Seneca St.) St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME George S. Heath **RURAL**
 (a) Residence. No. R #6 St. _____ Ward _____
 (Usual place of abode.) (If nonresident, give city or town and state.)
 Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? 0 yrs. 0 mos. 0 ds.
 Was deceased ever a member of the Army, Navy, or Marine Corps of the United States? NO
 If so, state Organization _____ Rank _____ Period of service _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Emma Heath</u>		
6. DATE OF BIRTH (month, day, and year) <u>3-9-1863</u>		
7. AGE	Years	Months
	<u>70</u>	<u>0</u>
		Days
		<u>26</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>12-1930</u>	11. Total time (years) spent in this occupation. <u>50Yr</u>
12. BIRTHPLACE (city or town) <u>McDonah Co. Illinois</u> (State or country)		
FATHER	13. NAME <u>John Heath</u>	
	14. BIRTHPLACE (city or town) <u>Unknown</u> (State or country) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (city or town) <u>Unknown</u> (State or country) <u>Unknown</u>	
17. INFORMANT <u>Mrs. M. R. Reiserer</u> (Address) <u>R. #6</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Towanda, Ks</u> Date <u>4-4</u> , 19 <u>33</u>		
19. UNDERTAKER <u>Culbertson Mortuary</u> (Address) <u>Wichita, Kansas.</u>		
20. FILED <u>4-4-33</u> <u>O. Ellis</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-2, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1933 to April 2, 1933
 I last saw him alive on _____, 19____, death is said to have occurred on the date stated above at 2:20PM
 The principal cause of death and related causes of importance in order of onset were as follows: Carcinoma (Gastric) ?
 Date of onset _____

Contributory causes of importance not related to principal cause: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? X-ray 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) S. M. Anderson M. D.
 (Address) 1200 W. Douglas Wichita