

STANDARD CERTIFICATE OF DEATH

DO NOT WRITE
237 918
IN THIS SPACE

STATE BOARD OF HEALTH

Division of Vital Statistics, State of Kansas

Registrar's No. 370

1. PLACE OF DEATH:
(a) County Greenwood
(b) City or township Eureka
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution 403 W High
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 25 years
years, months or days?

2. USUAL RESIDENCE OF DECEASED:
(a) State Kans (b) County Greenwood
(c) City or town Eureka
(If outside city or town limits, write RURAL)
(d) Street No. 403 W High
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3 (a) FULL NAME William Henry Heath
3 (b) If veteran, name war WW
3 (c) Social Security No. WW

4. Sex M race W
5. Color or _____
6 (a) Single, widowed, married, divorced married
6 (b) Name of husband or wife Mr. W.H. Heath
6 (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 10 1863
(Month) (Day) (Year)

8 AGE: Years 77 Months 10 Days 7
If less than one day _____ hr. _____ min.

9. Birthplace Good Hope Ill.
(City, town or county) (State or foreign country)

10. Usual occupation Farmer (retired)

11. Industry or business Farming

12. Name John Heath
13. Birthplace No Data No Data
(City, town or county) (State or foreign country)

14. Maiden name "

15. Birthplace "
(City, town or county) (State or foreign country)

16 (a) Informant's own signature Ralph Heath
(b) Address Eureka Kans

17 (a) Burial (b) Date thereof 8-19-1941
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eureka Co.

18 (a) Signature of funeral director L. Crowl
(b) Address Eureka Kans

19 (a) 7-18-41 (b) Bettie Steeder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month August day 17th
year 1941 hour 1 minute 15 p.m.

21. I hereby certify that I attended the deceased from 3 years, 1938, to Aug 17, 1941;
that I last saw him alive on Aug 16, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death generalized convulsions of pelvic bones & spine
Due to possibly metastasized
Due to prostate

Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

DURATION
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (e) Means of injury _____

23. Signature adward (M. D. or other) _____
Address Eureka Kans Date signed 8-1-41