

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

Do not use this space.

37237

1. PLACE OF DEATH

County Jasper
Township Joplin
City Joplin (No. Freeman Hospital)

Registration District No. 411
Primary Registration District No. 2003

File No. _____
Registered No. 5767 Ward _____

2. FULL NAME

Leon Bowers Hegwer
(a) Residence No. Sarcox R 7 D 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. 14 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) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child of Julius Hegwer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 5 - 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 27

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Child (b) General nature of industry, business, or establishment in which employed (or employer) 11 (c) Name of employer 114

9. BIRTHPLACE (CITY OR TOWN) Jasper County (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Julius Hegwer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Other -

12. MAIDEN NAME OF MOTHER Lulu Bell Foster

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Julius Hegwer by Mrs. Sarcox R 7 D (Address) Sarcox Mo. R 7 D

15. FILED 2/3 19 27 By Dr. A. Benson Clark REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 1st 1927

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____, 7:55 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Inanition
Cleft palate
born with (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 1.57 D (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 15902 IF NOT AT PLACE OF BIRTH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) M. C. Powers, M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sarcox Cem. DATE OF BURIAL Dec 27

20. UNDERTAKER Sarcox Undertaking Co. Sarcox Mo. ADDRESS _____

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.

JAN 1 1928

