

JUL 26 1929

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

11501-a

1. PLACE OF DEATH

County, Marion Registration District No. 1040
Township, Day Creek Miller Primary Registration District No. 6276
City, Springfield (No. 1)File No. 6
Registered No. 6
St. Mo. Ward 1

2. FULL NAME

George W. Widman
(a) Residence. No. 1 St. Mo. Ward 1
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Love C. Widman6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7/4-18697. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 7 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Hardware Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer9. BIRTHPLACE (CITY OR TOWN) Springfield
(STATE OR COUNTRY) Mo.10. NAME OF FATHER Christine Widman11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)12. MAIDEN NAME OF MOTHER Elizabeth Dease13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)14. INFORMANT Love C. Widman
(Address) Dixon Mo.15. FILED 4-11-29 C. W. Winkelman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/1 19 2917. I HEREBY CERTIFY, That I attended deceased from 3/1-29 19 29that I last saw him alive on 3/1 19 29, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes mellitus
59 5 1
(duration) 2 yrs. mos. da.CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. B. Brier, M. D., 19 (Address) Dixon Mo.

*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 Springfield
Hazelwood Mo. DATE OF BURIAL 3/3 19 2920. UNDERTAKER J. H. Gilkey ADDRESS Dixon Mo.

