

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

Do not use this space.

22329

**1. PLACE OF DEATH**

County Putnam Registration District No. 719  
 Township Elm Primary Registration District No. 5930  
 City Waverly (No. ....) St. .... Ward)

File No. ....  
 Registered No. 59

**2. FULL NAME** William Suediger

(a) Residence. No. .... St. .... Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 30 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mary Suediger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-17-1857  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 5 26

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

9. BIRTHPLACE (CITY OR TOWN) Wisconsin  
 (STATE OR COUNTRY)

10. NAME OF FATHER Wm Suediger

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

12. MAIDEN NAME OF MOTHER Gragon

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

14. INFORMANT Roy Suediger  
 (Address) Lionia

15. FILED June 11 1929 Chas Barnhart  
14 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

15. DATE OF DEATH (MONTH, DAY AND YEAR) June 11 1929  
 17. I HEREBY CERTIFY, That I attended deceased from June 11 1929 to June 11 1929 that I last saw him alive on June 11 1929 and that death occurred, on the date stated above, at 2-15 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

apoplexy  
 (Duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 7401  
 (Duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) P Hart, M. D.

June 11 1929 (Address) Coatsville 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 Brasfield DATE OF BURIAL 6-11 1929

20. UNDERTAKER Fulsogon ADDRESS Lionia

JUL 27 1929  
 86  
 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.  
 1  
 2  
 31

