

APR 28 1930

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

Do not use this space.

8159

1. PLACE OF DEATH

County Cole  
Township Jefferson  
City Jefferson (No. ....)

Registration District No. 213  
Primary Registration District No. 3014

File No. ....  
Registered No. 82  
St. .... Ward

2. FULL NAME

John Hehmyer

(a) Residence No. 716 N. Main 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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Sophia Zeigler

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

May 4 1869

7. AGE

YEARS 61

MONTHS 0

DAYS

If LESS than 1 day, .... hrs. or .... min.

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

Garman  
Retired

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Barry, Mo

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14. INFORMANT

(Address)

15. FILED

John Hehmyer or  
716 N. Main

3-25-30 Everell Ford  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 15 1930

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1930 March 15, 1930 that I last saw him alive on March 15, 1930 and that death occurred, on the date stated above, at 10 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

9450  
Coronary Sclerosis  
(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY)

Coronary Sclerosis  
(duration) yrs. 7 mos. ds.

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. C. Leddidge, M. D.

March 19 30 (Address) St. Louis

\*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

DATE OF BURIAL

Historian Cem March 16 1930

20. UNDERTAKER

ADDRESS

Garman Jefferson

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.

