

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

Do not use this space.

30243

1. PLACE OF DEATH

County Hall Registration District No. 822
Township Hartland Primary Registration District No. 6044
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. Me

2. FULL NAME

August Herman Hehlken
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 26 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 12, 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
29 4 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Telling of tales
10. Date deceased last worked at this occupation (month and year) Aug 18, 1931 11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co Mo

13. NAME August H. Hehlken

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co Mo

15. MAIDEN NAME Wenmu Lenke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co Mo

17. INFORMANT Viola Hehlken (ADDRESS) Summit Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Farmer DATE Aug 20, 1931

19. UNDERTAKER R. C. Carter (ADDRESS) Summit Springs Mo

20. FILED Aug 20, 1931 J. H. Owens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1931, to August 18, 1931. I last saw h. _____ alive on August 18, 1931. Death is said to have occurred on the date stated above, at 5:00 m.

The principal cause of death and related causes of importance were as follows:

BBB

Date of onset _____

Cerebral Hemorrhage 8-15-31
Natural Causes
Other contributory causes of importance: _____

Name of operation None Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Dr. H. H. Owens, M. D.

(Address) Summit Springs Mo

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.

SEP 28 1931

