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 21 1933

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

Do not use this space.

38563

85

1. PLACE OF DEATH

County Buchanan — Registration District No. 100 — File No.

Township — Primary Registration District No. — Registered No. 1284

City St. Joseph Mo. (No. 1224 Prospect Ave. St. Ward)

2. FULL NAME William August Heschong

(a) Residence, No. 1224 Prospect Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. 0 mos. 17 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 6, 1864

7. AGE: YEARS 68 — MONTHS 0 — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

FATHER

13. NAME John F. Heschong
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER

15. MAIDEN NAME Augusta Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT (ADDRESS) William A. Heschong Jr., St. Joseph Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland DATE Dec. 24, 1932

19. UNDERTAKER (ADDRESS) Fleeman Funeral Home, St. Joseph Missouri

20. FILED 12-24 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1932, to Dec. 23, 1932

I last saw his live on Dec. 22, 1932. Death is said to have occurred on the date stated above, at 6:25 a.m.

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

	Date of onset
Hemorrhage - cerebral	12/19/32
82A	
97	
102	

Other contributory causes of importance:

arterio-sclerosis with hypertension	1929

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) G. T. Bloomer, M. D.

(Address) 1218 N. 3 St