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.

JUL 20 1933

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 18931

Township — Primary Registration District No. 1001 — Registered No. 613

City St. Joseph, (No. St. Joseph's Hospital, St. Ward)

2. FULL NAME Arthur B. Hestwood,

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

Length of residence in city or town where death occurred yrs. mos. 21 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: May Lank Hestwood,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1865

7. AGE: Years 67 — Months 11 — Days 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dry Goods Merchant,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholsale
10. Date deceased last worked at this occupation (month and year) June 1933
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson, Iowa,

FATHER
13. NAME John Hestwood,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Virginia,

MOTHER
15. MAIDEN NAME Hannah Griffith,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Iowa,

17. INFORMANT (ADDRESS) Arthur B. Hestwood Jr New York City.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn Cem. DATE June 18 1933

19. UNDERTAKER (ADDRESS) Heaton-BeGole & Bowman 319 So. 10th St. Funeral Home

20. FILED 6-17, 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1929, to June 15, 1933

I last saw him alive on June 15, 1933 Death is said to have occurred on the date stated above, at 10:10 a.m.

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

	Date of onset
Gastro Colic Fistula following gastroenterostomy at Mayo Clinic 1929	1929
Other contributory causes of importance: Coronary embolus 22 days after operation	6/15/33

Name of operation Repair of Gastro Colic Fistula Date of 5/24/33

What test confirmed diagnosis? Operation + Drug Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19....
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. G. Thompson, M. D.
(Address) 825 Charlton St. Joseph, Mo.