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.

OCT 20

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

Do not use this space.

22216 A

1. PLACE OF DEATH

County ADAIR — Registration District No. 978

Township Liberty — Primary Registration District No. 5 e 8

City ~~KIRKSVILLE MO~~ ~~NOVINGER R R NO2~~ St. Ward)

File No.

Registered No.

2. FULL NAME JOHN HEDIGER

(a) Residence, No. NOVINGER R R NO 2 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 5th 1844

7. AGE: YEARS 88 — MONTHS 9 — DAYS 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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. STOCK & GRAIN
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation 68

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWITZERLAND

FATHER

13. NAME JOHN HEDIGER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWITZERLAND

MOTHER

15. MAIDEN NAME FRONA HOWARD
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWITZERLAND

17. INFORMANT (ADDRESS) Rudolph Hediger SUBLETTE MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE PRATT CEMETERY DATE JULY 24th 1933

19. UNDERTAKER (ADDRESS) DAVIS & WILSON KIRKSVILLE MO

20. FILED 8/15 1933 W E Munn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 22 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to July 22, 1933

I last saw him alive on July 18, 1933 Death is said to have occurred on the date stated above, at 3.30 p m

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

arteriosclerosis

97

97

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) W E Munn, M. D.

(Address) Novinger