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

Do not use this space.
27398

1. PLACE OF DEATH
County: Randolph — Registration District No.: 135
Township: Union — Primary Registration District No.: 5971
City: ..... (No. ..... St. ..... Ward)

File No.: .....
Registered No.: 157

2. FULL NAME: John B. Hewgley

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: m
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 31 - 1854

7. AGE — YEARS: 78 — MONTHS: 7 — DAYS: 4 — 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.: .....
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): Mo.

FATHER
13. NAME: Thomas Hewgley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Rebecca Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

17. INFORMANT (ADDRESS): J. R. Hewgley — Madison R.F.D.

18. BURIAL, CREMATION, OR REMOVAL: Hickory Grove - Ash - Mo. DATE Aug. 8 - 1933

19. UNDERTAKER (ADDRESS): Malland & Son — Moberly Mo.

20. FILED 8 - 7 - 1933 Robt. S. Fleming, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 4 - 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1930, to Aug 4th, 1933
I last saw h..... alive on Aug 1st, 1933. Death is said to have occurred on the date stated above, at 5:50 p.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset 8-5-33

Other contributory causes of importance: Hypertension

Name of operation: None — Date of: —
What test confirmed diagnosis? Hypertension — 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) O. D. Fish, M. D.
(Address) Moberly Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 26 1933