

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

Do not use this space.

1. PLACE OF DEATH

County Andrain Registration District No. 26
 Township Salt River Primary Registration District No. 3002
 City Mexico Mo Andrain Co. Hospital St. _____ Ward _____

File No. 7694
 Registered No. 40

2. FULL NAME

Baby Hedeshheimer, Infant of Mr. & Mrs. Wilbert Frank Hedeshheimer
 (a) Residence, No. Centralia Mo. 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 Female **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 23, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 0 40

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Andrain County Mo

13. NAME Wilbert Frank Hedeshheimer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forest Green Mo

15. MAIDEN NAME Margaret Funder's Sneed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centralia Mo.

17. INFORMANT (ADDRESS) Wilbert Frank Hedeshheimer Centralia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia Mo DATE March 23, 1934

19. UNDERTAKER (ADDRESS) M. J. McDonald Centralia Mo

20. FILED 3/23 1934 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1934, to March 23, 1934
 I last saw her alive on March 23, 1934 Death is said to have occurred on the date stated above, at 6:57 p.m.
 The principal cause of death and related causes of importance were as follows:

Perinatal birth
159
159
 Other contributory causes of importance: _____
 Date of onset 2 months

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) Howard W. Gardner M.D.
 (Address) Centralia, 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. 1934

