

FEB 23 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Laggonade
 Township Clay
 City Blair

Registration District No.

302

Primary Registration District No.

4181

File No.

844

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 33 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

Molly Ayden Heide

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

Dec 24, 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

68

8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Merchant

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)

Bay, Mo

MOTHER FATHER

13. NAME

Henry J. Ayden Heide

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Bay, Mo

15. MAIDEN NAME

Louise Wolking

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

Cincinnati, Ohio

17. INFORMANT (ADDRESS)

Molly Ayden Heide Blair, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Union Cem. DATE Dec 4, 1935

19. UNDERTAKER (ADDRESS)

Lassmann Blair, Mo

20. FILED

1-2-35 69 Bunge Mo Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan. 1, 1936

22. I HEREBY CERTIFY That I attended deceased from

Dec. 17, 1934, to Jan. 1, 1936

I last saw him alive on Jan. 1, 1936 Death is said

to have occurred on the date stated above, at 2:35 p.m.

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

Chronic Nephritis Date of onset 7 or 8 yrs. ago.

Other contributory causes of importance:

None

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

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)

(Address)

J. F. Ferrell M. D. Greenville, 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.

Washington, D. C. 20540

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