

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.

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

FEB 9 1935

M. H. Reif
Do not use this space.

2364

1. PLACE OF DEATH

County Pettis

Township

City Sedalia

(No.

Registration District No. 668

Primary Registration District No. 3032

804 N. Grand

File No.

Registered No. 5

St.

Ward)

2. FULL NAME Henry Wiegand

(a) Residence, No. 804 N. Grand

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

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

April 18 1855

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

80

6

14

OCCUPATION

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

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Brewer

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)

Germany

FATHER

13. NAME

Henry Wiegand

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

Germany

MOTHER

15. MAIDEN NAME

DK

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

DK

17. INFORMANT (ADDRESS)

Mrs Henry Wiegand
Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown Hill

DATE

Jan 4

1935

19. UNDERTAKER (ADDRESS)

Gilliespie Funeral Home

20. FILED

Jan 5

19

Jan 5

Jan 5

Jan 5

Jan 5

Jan 5

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan. 2

19 35

22. I HEREBY CERTIFY That I attended deceased from

April 1 1935 to Jan 2 1935

I last saw him alive on Jan 2 1935. Death is said

to have occurred on the date stated above, at 9:45 P. m.

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

chronic myocarditis
(see 9 above)

Date of onset

Other contributory causes of importance:

arteriosclerosis

Name of operation none Date of none

What test confirmed diagnosis? Chrom. 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 none, 19 35

Where did injury occur? no

(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 none

(Signed) Chas. W. Reif, M. D.

(Address) Sedalia Mo

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