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

MAR 20 1935

Do not use this space.

4380

1. PLACE OF DEATH

County Buchanan Registration District No. 52 File No. 7

Township Mariont Primary Registration District No. 5-1 & 2 Registered No. 2

City (No. 14 Miles E. of St. Joseph, Mo. St. Ward)

2. FULL NAME Francis Xavier Wiedmaier

(a) Residence, No. Hurlinger, 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 67 yrs. 10 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Mary Elizabeth Wiedmaier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 20, 1867

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
67	10	16	

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): Febr. 6. 1935

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan County, Missouri

FATHER

13. NAME: Michael Wiedmaier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER

15. MAIDEN NAME: Magdelena Kessler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT (ADDRESS): Mary Elizabeth Wiedmaier Easton, Mo. R F D 3.

18. BURIAL, CREMATION, OR REMOVAL: St. Mary's Cemetery
PLACE Hurlinger, Mo. DATE Febr. 9, 1935

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden 1802 Union Str. St. Joseph, Mo.

20. FILED 3/11 1935 W. F. Bingham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Viewed ....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:00 P. m.

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

	Date of onset
Cerebral Hemorrhage	
92 C. I	

Other contributory causes of importance:

Arteriio Sclerosis & hypertension	

Name of operation none Date of .....

What test confirmed diagnosis? Clin. Symp. 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) Forrest Thomas Coroner, M. D.

(Address) 731 Faron