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.

JUN 18 1935

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

Do not use this space.

15468

1. PLACE OF DEATH

County: Andrew — Registration District No.: 10 — File No.:

Township: Monroe — Primary Registration District No.: 5013 — Registered No.: 1

City: (No. 3 miles West of Cosby, Mo. St. Ward)

2. FULL NAME Henry J. Hegeman

(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	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~~ Anna Hegeman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	75	9	12	

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) Andrew Co, Mo.

FATHER

13. NAME John Hegeman

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

MOTHER

15. MAIDEN NAME Fredericka Wagenblast

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

17. INFORMANT (ADDRESS) Harry Hegeman Coosby, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Ridge Cemetery DATE May 23, 1935

19. UNDERTAKER (ADDRESS) Walter Meierhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED 5-26, 1935 J. K. Bledroe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 21, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1934, to May 21, 1935

I last saw him alive on May 21, 1935. Death is said to have occurred on the date stated above, at 3.20 m. P.M.

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

	Date of onset
Henry Hedges	May 11 35
following Hypertension.	

Other contributory causes of importance: Chronic Nephritis.

Name of operation — none — Date of

What test confirmed diagnosis? 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) Richard H. Hurst, M.D.

(Address) King City, Mo.