WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 18 1936

Do not use this space.

531

1. PLACE OF DEATH
County Cass — Registration District No. 151 — File No.
Township Coldwater — Primary Registration District No. 4085 — Registered No. 1
City Drexel (No. , St. Ward)

2. FULL NAME Fred B. Hey.
(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 M
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 Anna Hey.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-10-1864
7. AGE YEARS 71 MONTHS 11 DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Realtor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm Sales & Rentals.
10. Date deceased last worked at this occupation (month and year) Dec-27-35
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Mo.

FATHER
13. NAME Christian Hey.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~[illegible]~~ Germany

MOTHER
15. MAIDEN NAME Mary Chandler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co Mo.

17. INFORMANT (ADDRESS) C. F. Hey No Kansas City Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sharon Cem DATE Jan-15 1936
19. UNDERTAKER (ADDRESS) J. B. Hays Drexel Mo.
20. FILED 1-15 1936 John S Bundy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-13 1936
22. I HEREBY CERTIFY, That I attended deceased from July 2 1933, to Jan 13 1936
I last saw him alive on Jan 13 1936. Death is said to have occurred on the date stated above, at 9:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion -	7/2-1933
Other contributory causes of importance:	
Decompensation	1/1-36

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?
If so, specify
(Signed) Brad Hartwell, M. D.
(Address) Drexel Mo.

100M-11-24-33