JAN 22 1937

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

Do not use this space.

45795

1. PLACE OF DEATH
County: Phelps
Township: Springfield
City: ..... (No. ..... St. ..... Ward)
Registration District No.: 680
Primary Registration District No.: 5403
File No.:
Registered No.:

2. FULL NAME: Jessie Alfard Wiedrich

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 18 27

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
9	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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 COUNTY): Phelps Co

FATHER

13. NAME: Truman Wiedrich
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Mo

MOTHER

15. MAIDEN NAME: Dora Lutia
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Mo

17. INFORMANT (ADDRESS): Truman Wiedrich, Edgar Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Edgar Springs, Mo DATE: Dec. 31, 1936

19. UNDERTAKER (ADDRESS): Neighbors (A. M. Heavin), Edgar Springs, Mo.

20. FILED: Jan. 9, 1937 Alpha Capps, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1936, to Dec 30, 1936

I last saw him alive on Dec 29, 1936. Death is said to have occurred on the date stated above, at 5 a m.

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

	Date of onset
Cerebro Spinal Meningitis	12-27-36

Other contributory causes of importance:

Typhoid	Nov 4-36

Name of operation: Non 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: , 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) Leslie Randall, M. D.
(Address) Licking, 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.

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