

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

Do not use this space.

FEB 26 1937

1. PLACE OF DEATH

County Franklin
Township Central
City Saint Clair (No. _____)

Registration District No. 294
Primary Registration District No. 5409B

File No. 5809
Registered No. _____ St. _____ Ward _____

2. FULL NAME John Frank Wideman

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4 - 37 to Feb. 27 - 37

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13, 1876

I last saw him alive on Feb. 4 - 37, 1937 Death is said to have occurred on the date stated above, at 10:01 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 11 22

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

8. Trade, profession, or particular kind of work done, as splanner, 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 _____

Date of onset

Zotar - Pneumonia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson County, Mo.

Other contributory causes of importance:

Influenza -

13. NAME Thomas Wideman

Name of operation none Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson County, Mo.

What test confirmed diagnosis? clinical Was there an autopsy? no

15. MAIDEN NAME Ann Bailey

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson County, Mo.

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mary Wideman (ADDRESS) St. Clair, Mo.

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Clair, Mo. DATE Feb. 7, 1937

Nature of injury _____

19. UNDERTAKER Wm. Casey & Co. (ADDRESS) St. Clair, Mo.

24. Was disease or injury in any way related to occupation of deceased? no

20. FILED Feb 8 1937 W. Duckward Registrar.

If so, specify (Signed) W. S. Kotebell, M. D. (Address) St. Clair, 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.

