JUL 31 193

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

Do not use this space.

24770

1. PLACE OF DEATH
County St. Francois
Township St. Francois
Near City Farmington (No. ..... , ... St. ..... Ward)

Registration District No. 773
Primary Registration District No. 6018-A

File No. .....
Registered No. 114

2. FULL NAME Daniel Andrew Heidlebaugh
(a) Residence, No. Weingarten, 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 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): Separated

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Talitha Cumi Clements Heidlebaugh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 21, 1861

7. AGE: YEARS 75 | MONTHS 7 | DAYS 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber dealer
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): Blue Mound Illinois

FATHER
13. NAME: Eli Heidlebach
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

MOTHER
15. MAIDEN NAME: Elizabeth Rarick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT (ADDRESS): Hospital Records Farmington, Mo.

18. BURIAL, ~~CREMATION OR REMOVAL~~
PLACE Parkview Cemetery Farmington, Mo. DATE June 26, 1937

19. UNDERTAKER (ADDRESS): Cozean Funeral Home Farmington, Mo.

20. FILED 6/24 1937 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1937, to June 24, 1937
I last saw him alive on June 24, 1937. Death is said to have occurred on the date stated above, at 10:20 A.m.
The principal cause of death and related causes of importance were as follows:

Chronic hemorrhagic glomerulonephritis

Date of onset

131

Other contributory causes of importance:
Central arteriosclerosis
Myocardiosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? NV

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? NV
If so, specify .....
(Signed) Paul J. Schrader M.D. M. D.
(Address) Farmington, Mo.

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.

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