

NOV 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Franklin
Township
City Washington (No.)

Registration District No. 297
Primary Registration District No. 3016

File No. 37613
Registered No. 78
St. Ward)

2. FULL NAME

John Phillip Heeger
(a) Residence, No. 605 N. 2nd, Washington, Mo. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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. 3, 1859.

7. AGE YEARS 78 MONTHS 1 DAYS 2 If LESS than 1 day, hrs. or min.

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) Jan. 1902 11. Total time (years) spent in this occupation 43 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jeffersonburg, Missouri

13. NAME Phillip Heeger

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

15. MAIDEN NAME Catharine Schneider

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

17. INFORMANT Mr. George Mendench (ADDRESS) Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE Oct. 8, 1937

19. UNDERTAKER Hebburg & Vitt, Inc. (ADDRESS) Washington, Mo.

20. FILED Oct. 6, 1937 H. A. May Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1937 to Oct. 5, 1937

I last saw him alive on Oct. 5, 1937. Death is said

to have occurred on the date stated above, at 5:10 a.m.

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

Influenza

Date of onset Sept. 23, 1937

Other contributory causes of importance:

Apoplexy

Sept. 29, 1937

Name of operation no Date of no

What test confirmed diagnosis? no test 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) F. H. Mansfield, M. D.

(Address) Washington, Mo.

Exact statement of occurrence is very important. Do not enter in primary cause of death unless property classified. Do not use this space.

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