

JAN 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County **JACKSON** Registration District No. **398**
Township..... Primary Registration District No. **3019**
City **INDEPENDENCE** (No. **1111 W. HAYWARD**) St. _____ Ward _____

File No. **45563**
Registered No. **391**

2. FULL NAME **MRS. STINA E. HEDEEN**

(a) Residence, No. **1111 W. HAYWARD** 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? **38** yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **FEMALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOW**

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~WIFE OF~~ (OR) WIFE OF **JOHN HEDEEN**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MAY 25, 1857**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 6 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **NONE**

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) **CENTRAL PART SWEDEN**

13. NAME **ERICK HEDEEN**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **SWEDEN**

15. MAIDEN NAME **NO RECORD**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **SWEDEN**

17. INFORMANT **JOHN HEDEEN**
(ADDRESS) **1111 W. HAYWARD, INDEP. MO.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **MOUND GROVE** DATE **DEC 5, 1937**

19. UNDERTAKER **STAHL'S FUNERAL HOME**
(ADDRESS) **815 W. MAPLE INDEP. MO.**

20. FILED **12-11-37** **J. L. back**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **DEC. 2, 1937** 19

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 8 - 1937** to **12 - 31 - 1937**

I last saw ~~her~~ alive on **Nov. 28 - 1937** Death is said to have occurred on the date stated above, at **5:45 A.**

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

Senility & Insanition Date of onset **3 months**

Other contributory causes of importance: **no others**

Name of operation **none** Date of _____

What test confirmed diagnosis? **Chorea** 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) **W. Allen**, M. D.
(Address) **Independence**

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.

JUL 8 - 1943