

REC'D MAR 17 1938

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

Do not use this space.

7133

1. PLACE OF DEATH
 County Jefferson Registration District No. 420
 Township Valley Primary Registration District No. 3022
 City Desoto (No. _____) St. _____ Ward _____

2. FULL NAME John H. Wideman 355
 (a) Residence, No. 15 N. 2nd St., _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 13

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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28 - 1862

7. AGE YEARS 75 MONTHS 7 DAYS 26 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmers helper.

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) Morse Mills (STATE OR COUNTRY) Mo

13. NAME James Wideman

14. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) _____

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) _____

17. INFORMANT Mr. Myrtle M. Kinners (ADDRESS) Desoto - Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City DATE Feb. 26 1938

19. UNDERTAKER Mo. Shurhead (ADDRESS) Desoto - Mo

20. FILED 3-5 1938 Jessie Danell Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1938, to Feb 24, 1938.
 I last saw him alive on Feb. 24, 1938. Death is said to have occurred on the date stated above, at 6:45 A.M.
 The principal cause of death and related causes of importance were as follows:
Chronic hepatitis
arterio sclerosis
hypertension
hypertrophy of heart.

Other contributory causes of importance:
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Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) R. E. Furell M.D.
Desoto, Mo. (Address)

Date of onset	?
?	?
?	?
?	?

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

