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.

REC'D MAR 25 1938

110

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

Do not use this space.

1. PLACE OF DEATH
County Washington
Township Richwoods
City ~~Richwoods~~ (No. ..... , ... St. ..... Ward)

Registration District No. 884
Primary Registration District No. 6180

File No. 8439
Registered No. .....

2. FULL NAME Fredrick Wideman 355

(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

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: Emma Ellen Wideman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 12, 1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	5	19	

OCCUPATION
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): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Grubville, Mo

FATHER
13. NAME: Frank Wideman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson County, Mo.

MOTHER
15. MAIDEN NAME: Elizabeth McIuen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson County, Mo.

17. INFORMANT (ADDRESS): unknown

18. BURIAL, CREMATION, OR REMOVAL
PLACE Richwoods DATE March 3, 1938

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

20. FILED 3-3, 1938 C W Barker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March-1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1938, to March-1, 1938
I last saw him alive on March-1, 1938. Death is said to have occurred on the date stated above, at 2:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation of heart	not known
9 2	

Other contributory causes of importance:
None

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

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) Walter Gibson, M. D.
(Address) 401 S Fifth De Soto Mo
8011

N. B.—E[illegible] [illegible] above [illegible] fully supplie[illegible] . AGE should be stated [illegible]TLY. PHYSICIANS should state properly classified. Exact statement o OCCUPATION is very important.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

8439
Do not use this space.

1. PLACE OF DEATH
(a) County Washington Registration District No. 889
(b) Township Richwoods Primary Registration District No. 6185 Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frederick Wideman
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12-1874

7. AGE: Years 64 | Months 5 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) Gantville Mo

FATHER
13. NAME Frank Wideman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co - Mo

MOTHER
15. MAIDEN NAME Elisabeth Gaffner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co Mo

17. INFORMANT Donald Wideman
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Richwoods Mo DATE Mar 19

19. FUNERAL DIRECTOR Wm Casey
(ADDRESS) St Clair Mo

20. FILED Mar 3, 1938 C W Parker
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1938 to Mar 1, 1938
I last saw him alive on Mar 1, 1938 Death is said to have occurred on the date stated above, at 7-45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	
Heart	
No Treatment	

Other contributory causes of importance: None

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

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) Walter E. Gibson, M. D.
(Address) 401 S 6th Desoto 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.