

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

Do not use this space.

JUL 2 2 1935

19545

1. PLACE OF DEATH

County Henry
Township _____
City Clinton (No. _____)

Registration District No. 347
Primary Registration District No. 9015

File No. 91
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Adam Hebardt

(a) Residence, No. Clinton R.F.D. 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. 1 mos. _____ ds. : How long in U.S.; if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary E. Hebardt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 17th 1855</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>11</u>
	DAYS <u>8</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stonemason</u>	
	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 <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
FATHER	13. NAME <u>Hebardt</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Herman (Dutch) Hebardt</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Englewood</u> DATE <u>6-24</u> 19 <u>35</u>		
19. UNDERTAKER <u>Fred Wilkinson</u> (ADDRESS) <u>Clinton, Mo.</u>		
20. FILED <u>6-20</u> 19 <u>35</u> <u>J. R. Harperton</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1935

22. I HEREBY CERTIFY, that I attended deceased from June 6 1935 to June 25 1935
I last saw him alive on June 6 1935. Death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:
Dangerous A. night foot due to fallen oblique obliteration Date of onset May 15/35

Other contributory causes of importance:
Diabetes Mellitus Jan 1/35

Name of operation Amputation of rt. leg to Date of July 13/35
What test confirmed diagnosis? Clinical 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) S. B. Hughes, M. D.
(Address) Clinton, 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.

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