

REC'D JUN 20 1938

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

Do not use this space.

18361

1. PLACE OF DEATH

County Henry Registration District No. 352
Township Deerpater Primary Registration District No. 5493
City Montrose (No. _____ St. _____ Ward _____)

2. FULL NAME Francis A. Hueser 260

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) life (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Herman Hueser</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-20-1879</u>				
7. AGE	YEARS <u>59</u>	MONTHS <u>6</u>	DAYS <u>17</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>Housewife</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>			
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montrose Mo Henry</u>			
	13. NAME <u>Anton Mueck</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	15. MAIDEN NAME <u>Anna Schmidding</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shermanton</u>				
17. INFORMANT <u>Fred Hueser</u> (ADDRESS) <u>Montrose Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Montrose Cem</u> DATE <u>May 10 1938</u>				
19. UNDERTAKER <u>Fred Wilkinson</u> (ADDRESS) <u>Clinton Mo</u>				
20. FILED _____ 19 _____ Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-7 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1937, to May 2 1938
I last saw h. u. alive on May 2 1938 - Death is said to have occurred on the date stated above, at 9:00 a. m.
The principal cause of death and related causes of importance were as follows:
myocarditis
thrombosis
MI

Date of onset
P
?

Other contributory causes of importance:

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) Joseph B. Quill, M. D.
(Address) Clinton, Missouri

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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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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18361
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1. PLACE OF DEATH

(a) County Henry Registration District No. 38-2
 (b) Township Deepwater Primary Registration District No. 5493 Registered No. _____
 (c) City _____ (d) Street No. _____
 (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 Francis A. Hueber

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

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 HUSBAND OF (OR) WIFE OF Herman Hueber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-20-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 6 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montrose Mo

FATHER 13. NAME Anton Hueber

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

MOTHER 15. MAIDEN NAME Anna Schmiedling

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

17. INFORMANT (ADDRESS) Fred Hueber Montrose Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Montrose DATE May 10 1938

19. FUNERAL DIRECTOR (ADDRESS) Fred Wilkinson Clinton Mo

20. FILED July 10 1938 Mrs. Leo Herman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-7 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1938 to May 2 1938. I last saw him alive on May 2 1938. Death is said to have occurred on the date stated above, at 9:00 a.m.

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

supp. Carditis
Choleraeptic

Other contributory causes of importance:

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 Joseph B O'Neil M. D.
 (Signed) Clinton
 (Address) _____

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

