

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

Do not use this space.

36030

1. PLACE OF DEATH

County Cole
Township
City Jefferson (No.)

Registration District No. 213
Primary Registration District No. 30.4

File No. 248
Registered No. St. Ward)

2. FULL NAME

(a) Residence, No. Elizabeth Hegeman Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 39 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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Hegeman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 27 - 1894</u>		
7. AGE	YEARS <u>39</u>	MONTHS <u>4</u>
	DAYS <u>18</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. <u>at home</u>
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Jefferson City
(STATE OR COUNTRY) mo

FATHER 13. NAME Benjamin Esterman

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

MOTHER 15. MAIDEN NAME Margaret Gromer

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

17. INFORMANT Hy Hegeman
(ADDRESS) 104 Cinder Lane

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter DATE Nov 11 33

19. UNDERTAKER Herman Gromer
(ADDRESS) Jefferson

20. FILED 12/3/33 REGISTRAR W. B. Bradford

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1933, to Nov 9, 1933

I last saw him alive on Oct 20 Nov 9, 1933 Death is said to have occurred on the date stated above, at 11:30 am.

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

Chronic interstitial nephritis Date of onset 2 yrs.
Cardiac failure
hypertension
obstructive emphysema

8 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) W. B. Bradford, M. D.
(Address) Jefferson City Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JAN 3 1934

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