

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

Do not use this space.

19083

1. PLACE OF DEATH

County Cass
Township Little Grand
City Carthage

Registration District No. 651
Primary Registration District No. 3863

File No. _____
Registered No. 80
St. _____ Ward _____

2. FULL NAME Queen Hedric

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) unknown

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 23, 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 17 6 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work farm hand
(b) General nature of industry, business, or establishment in which employed (or employer) "
(c) Name of employer Walter Knott

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER James Hedric

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Betsy Ann Cole

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Walter Knott
(Address) Carthage, Mo.

15. July 9, 1927 Ada Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26, 1927

17. I HEREBY CERTIFY, That I attended deceased from June 2, 1927, to June 26, 1927 that I last saw him alive on June 2, 1927, and that death occurred, on the date stated above, at 8 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23A about 31 yrs. mos. ds.
(duration)

CONTRIBUTORY (SECONDARY) 31 yrs. mos. ds.
(duration)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. P. Poirson, M.D.
June 26, 1927 (Address) Carthage, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mason cemetery DATE OF BURIAL June 26, 1927

20. UNDERTAKER Friends ADDRESS Carthage, 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.

8 1927

