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

Do not use this space.

8763

File No.
Registered No. 105

1. PLACE OF DEATH
County Jackson
Township Blue
City ~~Sudep~~ RR #1 (No. ..... St. ..... Ward)
Registration District No. 398
Primary Registration District No. 5554

2. FULL NAME Thelma Hesterly
(a) Residence. No. 818 So Forest St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 29 1908

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
20.	0	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School Girl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Preston Hesterly
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Texas
12. MAIDEN NAME OF MOTHER Rosa Swegard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Monroe Co
(STATE OR COUNTRY) Ohio

14. INFORMANT Mrs Albert Swegart
(Address) Springfield Mo.

15. FILED 3-15 1928 H R Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 8. 1928

17. I HEREBY CERTIFY, That I attended deceased from February 9 1928 to March 8 1928 and that I last saw her alive on March 7 1928 and that death occurred, on the date stated above, at 8.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septic Pneumonia
Hydrothorax
(duration) yrs. 3 mos. da.
CONTRIBUTORY (SECONDARY) Hydrothorax Left Side empyema
(duration) yrs. 2 mos. da.

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) C E K ....., M. D.
3/11, 1928 (Address) Sedalia 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	DATE OF BURIAL
Mound Grove	3-11 1928
20. UNDERTAKER	**ADDRESS**
C D Carson & Son	Sedalia 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.

APR 25 1928