25 1928

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

Do not use this space.

26847

1. PLACE OF DEATH

County: Cooper — Registration District No.: 219 — File No.: 2a

Township: Kelly — Primary Registration District No.: 5299 — Registered No.: 23

City: ~~Boonville~~ (No. ..... St. ..... Ward)

2. FULL NAME Gobert George Hedgpeth Jr

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred I 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)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 28 1927

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
I	I	I4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bunceton MO

PARENTS

10. NAME OF FATHER: Geo Hedgpeth

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Bunceton MO

12. MAIDEN NAME OF MOTHER: Ethel Hayes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Bunceton MO

14. INFORMANT: George Hedgpeth
(Address) Bunceton MO

15. FILED Sept 9, 1928 Hattie Pyx Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 11 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1928, to Aug 11, 1928, that I last saw him alive on Aug 11, 1928, and that death occurred, on the date stated above, at 5 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastroenteritis
1130
(duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (SECONDARY) Meningitis
(duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Bunceton Mo

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) Alexis Ravenscroft M. D

8.14, 1928 (Address) Bonville 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: Pisgah MO 8-13-28 — DATE OF BURIAL: 19

20. UNDERTAKER: L.G. Parker Bunceton MO — ADDRESS

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.