

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

Do not use this space.

1384

1. PLACE OF DEATH

County Jackson
 Township Blue
 City Independence (No. _____)

Registration District No. 398
 Primary Registration District No. 3019

File No. _____
 Registered No. 15
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 424 W. Lexington St. Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 19 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 27, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
31 2 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) at home
 (c) Name of employer _____

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

10. NAME OF FATHER Davis B. Hedges

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

12. MAIDEN NAME OF MOTHER Hella C. Latimer

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

14. INFORMANT Sister Mrs Harry Rowland
 (Address) 424 - E. Lexington St.

15. FILED 1-18-29 7-2 Cook
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17th, 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct, 1928, to Jan 17th, 1929, that I last saw him alive Jan 17th, 1929, and that death occurred, on the date stated above, at 2-30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulm. Tuberculosis
2-3A
 (duration) ____ yrs. ____ mos. ____ ds.

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

18. WHERE THIS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? Yes DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) Calvin Atkins, M. D.

(Address) Independence 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 Woodlawn Cem. DATE OF BURIAL Jan 19th, 1929

20. UNDERTAKER OW & McNeill ADDRESS INdep.

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.

THIS IS A PERMANENT RECORD

1929
 48
 9
 8

23

