

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 417 File No. 25005
 Township Joplin Primary Registration District No. 55010 Registered No. 95
 City St. Joseph Hospital (No.) St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward Harrisonville
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 2 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|--|
| 3. SEX <u>Male</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>Mrs. Mildred Hedrick</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 15 - 1901</u> | | |
| 7. AGE | YEARS <u>28</u> | MONTHS <u>6</u> |
| | DAYS <u>19</u> | IF LESS than 1 day, hrs. or min. |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Farmer</u> ^{23A} (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer | | |
| 9. BIRTHPLACE (CITY OR TOWN) <u>Peoria</u> (STATE OR COUNTRY) | | |
| PARENTS | 10. NAME OF FATHER <u>Lizah Hedrick</u> | |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Peoria</u> (STATE OR COUNTRY) | |
| | 12. MAIDEN NAME OF MOTHER <u>Cordia Marrs</u> | |
| | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Peoria</u> (STATE OR COUNTRY) | |

2 MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) July 4 1929

17. I HEREBY CERTIFY, That I attended deceased from April 8 1929 to July 4 1929, that I last saw him alive on July 4 1929, and that death occurred, on the date stated above, at 3 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
Pyo-Pneumo-Thorax
 (duration) 3 yrs. 3 mos. 3 ds.
 CONTRIBUTORY (SECONDARY) Tuberculosis, Cutis-Calcis
 (duration) yrs. 4 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IS NOT A PLACE OF DEATH Unknown
 DID AN OPERATION PRECEDE DEATH? no DATE OF:

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Spectro Spectrum
 (Signed) John E. Doughton, M. D.
7/4, 19 29 (Address) Webb City

*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.

14. INFORMANT Records
 (Address)

15. FILED 7/5 1929 R. M. Stormont
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Harrisonville Mo. DATE OF BURIAL July 7 1929

20. UNDERTAKER Kneel Mortuary, Carthage, Mo.
 ADDRESS

AUG 22 1929

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. 20 NO. 2.

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.



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10/10/10