

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

Do not use this space.

38362

1. PLACE OF DEATH  
 County Worth Registration District No. 887  
 Township Union Primary Registration District No. 6182  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Norah E. Hedrick  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>girl</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept. 27-1928</u>		
7. AGE	YEARS	MONTHS
	<u>2</u>	<u>1</u>
		DAYS
		<u>14</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Infant</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>?</u> (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) <u>Potosi</u> (STATE OR COUNTRY) <u>MO</u>		
PARENTS	10. NAME OF FATHER <u>James Albert Hedrick</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Iron Co</u> (STATE OR COUNTRY) <u>MO</u>	
	12. MAIDEN NAME OF MOTHER <u>Bartha Barton</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Flat River</u> (STATE OR COUNTRY) <u>MO</u>	

14. INFORMANT James A Hedrick  
 (Address) Potosi, MO

15. FILED 11-1-30 J. L. Thurman  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-1-1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 19-, 1928 to Nov. 1-, 1930 that I last saw her alive on 10-19, 1928, and that death occurred, on the date stated above, at 9 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Bacterial Septicemia  
120A

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY) 114W  
 (duration) yrs. mos. ds.

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) S. F. Thurman, M. D.  
11-1-1930 (Address) Potosi, 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 Potosi MO DATE OF BURIAL 11-2-1930

20. UNDERTAKER Shark's Undertaking ADDRESS Potosi 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.

DEF 23 1930

