

MAY 29 1935

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

Do not use this space.

1. PLACE OF DEATH

County Lin
Township
City Marceline (No. _____)

Registration District No. 502
Primary Registration District No. 4305

File No. 13491
Registered No. 17
St. _____ Ward _____

2. FULL NAME

(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 25 yrs. mos. 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>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hedrick Wright</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 4 1933</u>		
7. AGE	YEARS	MONTHS
	<u>80</u>	<u>0</u>
		DAYS
		<u>22</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Chariton Co Mo
(STATE OR COUNTRY)

13. NAME Frank S. Hedrick

14. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Norwood Whorton

16. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

17. INFORMANT Frank Wright
(ADDRESS) Marceline Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hoike Ceme DATE Apr 28 1935

19. UNDERTAKER James M. Paulsen
(ADDRESS) Marceline Mo

20. FILED 4/27 1935 Oliver Barrett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 26 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 26, 1935, to Apr 26, 1935.
I last saw h. alive on Apr 26, 1935. Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Myocarditis
Chronic 93

Name of operation _____ Date of _____

What test confirmed diagnosis? clin. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) P. L. Patrick, M. D.(Address) Marceline Mo

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 11/19/2013 BY 60322 UCBAW/STP/STP

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.

