

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

Do not use this space.

26783

SEP 1 8 1935

1. PLACE OF DEATH

County Jasper
Township Mineral
City ABC Hospital (No.)

Registration District No. 413
Primary Registration District No. 5559c

File No.
Registered No. 4 St. Richman Ward

2. FULL NAME

(a) Residence, No. 523 Kentucky St. 1 Ward. St. Joseph

(Usual place of abode) (If nonresident; give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 2 mos. 7 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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>-</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 5 - 1895</u>		
7. AGE	YEARS <u>40</u>	MONTHS <u>4</u>
	DAYS <u>8</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>Packing News</u>	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Croatia

13. NAME Mile Hedrick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Jugo Slavia

15. MAIDEN NAME
Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Jugo Slavia

17. INFORMANT (ADDRESS)
Records

18. BURIAL, CREMATION, OR REMOVAL PLACE St Joseph Mo DATE Aug 15, 1935

19. UNDERTAKER (ADDRESS)
Metl City, Mo

20. FILED 8/30, 1935 Hanna Weaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1934, to Aug 13, 1935
I last saw him alive on Aug 13, 1935. Death is said to have occurred on the date stated above, at 3:35 m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
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Other contributory causes of importance:
Heart - Urinary Tuberculosis

Name of operation None Date of
What test confirmed diagnosis? As open 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?
If so, specify Yes
(Signed) Jesse E. Douglas, M. D.
(Address) Metl City

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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