

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

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.

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

Do not use this space.

DEC 19 1935

35037

1. PLACE OF DEATH

County Atchison Registration District No. 17
Township Clark Primary Registration District No. 4011
City Fairfax (No. _____) St. _____ Ward _____

2. FULL NAME Rose Bell Hedrick

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred over 33 years 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) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
74 9 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) (STATE OR COUNTRY) Near Louisville Ky.

13. NAME Andrew Howell

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

15. MAIDEN NAME Lucinda Killers

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

17. INFORMANT Ray H. Hedrick (ADDRESS) Fairfax Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairfax Mo. City Park grave DATE 11-27-1935

19. UNDERTAKER Schooler Bros. (ADDRESS) Fairfax Mo.

20. FILED 11-27-1935 Heta B. Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-25-1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935, to Nov 25, 1935. I last saw him alive on Nov 25, 1935. Death is said to have occurred on the date stated above, at 10 A. m.

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

Cardiac Apoplexy
Acute Bronchitis

Date of onset
June 1, 1935
Nov 15, 1935

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy? u

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? u

If so, specify _____

(Signed) Oliver Huelber, M. D.

(Address) Fairfax Mo.

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