JUN 22 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 396 — File No. 20239
Township ~~Ft. Osage~~ — Primary Registration District No. 4233 — Registered No.
City Buckner — (No. , 8 St. Ward)

2. FULL NAME Mrs. Maude Mershon Hedrick
(a) Residence, No. Buckner Mo. (71 yrs.) St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 71 yrs. x mos. x ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Thos J. Hedrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 13. 1864.

7. AGE: YEARS 72 — MONTHS 5 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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 Emporia Kansas

FATHER
13. NAME: Eli Mershon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greenfield Indiana

MOTHER
15. MAIDEN NAME: Mary Elizabeth Thomas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DaFayette Indiana

17. INFORMANT (ADDRESS): Mrs. Amy Larey Buckner Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Buckner Cemetery DATE 2/24/37 19

19. UNDERTAKER (ADDRESS): Vernon M. Reppert. Buckner Mo.

20. FILED Feb 2, 1937 John W Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 22. 1937 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1937, to Feb 22, 1937
I last saw her alive on Feb 20, 1937. Death is said to have occurred on the date stated above, at 9:00 PM
The principal cause of death and related causes of importance were as follows:

Carcinoma of Breasts — Date of onset: Several years.

Other contributory causes of importance: 50

Name of operation: None — Date of: X
What test confirmed diagnosis? X — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X — Date of injury, 19
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. X
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John W Robertson, M. D.
(Address) Buckner 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.