AUG 18 193[illegible]

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

Do not use this space.

26608

1. PLACE OF DEATH
County Bates — Registration District No. 49 — File No.
Township ~~Westpoint~~ — Primary Registration District No. 4029 — Registered No.
City Amsterdam (No. , St. Ward)

2. FULL NAME John C. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Hedrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20 1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
72	5	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) 1937
11. Total time (years) spent in this occupation 50

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

FATHER
13. NAME Jake Hedrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk Unk

MOTHER
15. MAIDEN NAME Elizabeth Unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk Unk

17. INFORMANT (ADDRESS) Mrs Mary E. Hedrick Amsterdam Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moseby Mo. DATE 8--9--37 19

19. UNDERTAKER (ADDRESS) Archer & Mangold Amsterdam Mo.

20. FILED Aug. 9" 37 Grace L. Smiser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 7, '37 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1936, to Aug. 7, 1937
I last saw him alive on Aug. 7, 1937 Death is said to have occurred on the date stated above, at 8:45 pm
The principal cause of death and related causes of importance were as follows:

Date of onset

Tuberculosis pulmonary

Other contributory causes of importance:
Hemorrhage

Name of operation none Date of
What test confirmed diagnosis? 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) R E Crabtree M. D.
(Address) Amsterdam 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.