SEP 16 1937

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

Do not use this space.

File No. 30540

Registered No.

Registration District No. 248

Primary Registration District No. 4148

1. PLACE OF DEATH

County Daviess

Township

City Altamont (No. , St. Ward)

2. FULL NAME Rebecca Tedrick

(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 20 yrs. mos. 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*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Tedrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1841

7. AGE: Years 96 Months 2 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Sept. 1905

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dodsonville Ohio

FATHER

13. NAME Geo. Shaffer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wertenburg Germany

MOTHER

15. MAIDEN NAME Elizabeth Mason

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

17. INFORMANT (ADDRESS) Miss Winifred Tedrick Altamont, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Ayr Cemetery DATE Sept. 6 1937

19. UNDERTAKER (ADDRESS) Hope Furn. & Undt. Co., Gallatin, Mo.

20. FILED 9-9 1937 Mrs J. L. Peach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 22 1937 to Sept. 4 1937

I last saw h. alive on Sept. 4 1937 Death is said to have occurred on the date stated above, at 9 P m.

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

	Date of onset
Acute Dysentery	
With a Resultant	
Acidosis	
Dehydration	

Other contributory causes of importance:

BC

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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

(Signed) J. L. Peach M. D.

(Address) Pattonsburg 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.