JAN 24 1938

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

Do not use this space.

46473

1. PLACE OF DEATH

County Ray — Registration District No. 7407 — File No. 29

Township — Primary Registration District No. 3035 — Registered No.

City Richmond (No. , St. Ward)

2. FULL NAME Lucinda 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: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): m

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: W. S. Hedrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 27-1861

7. AGE: 76 YEARS — MONTHS: 4 — DAYS: 4 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Duties
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 23
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): Newmarket Penn 2 31

FATHER

13. NAME: Nat Knowen 31
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): — — — —

MOTHER

15. MAIDEN NAME: — — — —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): — — — —

17. INFORMANT (ADDRESS): W. S. Hedrick Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Todd's Chapel DATE Jan. 2 1938

19. UNDERTAKER (ADDRESS): E. Thurman Richmond Mo

20. FILED Dec. 31 1938 R. L. Willeford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 31 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-10 1937 to 12-31 1937

I last saw her alive on 12-29 1937. Death is said to have occurred on the date stated above, at 12:25 a.m.

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

	Date of onset
Chronic Nephritis	?

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Phy Ex 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

(Signed) Thos. J. Cook, M. D.

(Address) Richmond 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.