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.

REC'D MAR 22 1938

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

Do not use this space.

1. PLACE OF DEATH
County Pemiscot — Registration District No. 1102 — File No. 7725
Township Pascola — Primary Registration District No. 75 872 — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME John Hedge 32.0
(a) Residence, No. Pascola, Mo. St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: M
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: widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan, 22. 1844
7. AGE: YEARS 94 — MONTHS 11 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: aged man
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): Ill.

FATHER
13. NAME: Jim Hedge ?
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Son in Law A. W. Dickson Pascola, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bigon Semit. Mo DATE Jan. 17, 1938
19. UNDERTAKER (ADDRESS): Lentz - Kennet, Mo.
20. FILED 3-7 638 Mrs T. R. Cole Registrar. 591

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 15, 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1937 to Jan. 15, 1938
I last saw him alive on Sept. 27, 1937. Death is said to have occurred on the date stated above, at 10 p. m.
The principal cause of death and related causes of importance were as follows:
myocarditis chronic — Date of onset
93 C
Other contributory causes of importance:
cystitis chronic
senility
Name of operation ..... Date of .....
What test confirmed diagnosis? STS 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) Ayshire, M. D.
(Address) Hayti, Mo.