

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

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.

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

Do not use this space.

AUG 4 1939

25993

1. PLACE OF DEATH
 County Jackson Registration District No. 420
 Township De Soto Primary Registration District No. 3022
 City De Soto (No. 1) St. _____ Ward _____

2. FULL NAME Love Florence Hedger
 (a) Residence, No. 317 N. 7th St. 6rd.
 (Usual place of abode)
 Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 47

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 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 John Hedger
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10 - 1877
 7. AGE YEARS 71 MONTHS 7 DAYS 15 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) Pletcher Mo.
 FATHER
 13. NAME Ephraim Bailey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. Mo.
 MOTHER
 15. MAIDEN NAME Nannie Tupper
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Mo.
 17. INFORMANT (ADDRESS) John Hedger De Soto Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE De Soto Mo. DATE July 27, 1939
 19. UNDERTAKER (ADDRESS) Donald B. White De Soto Mo.
 20. FILED 8-3 1939 Jeneva Donnell Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1939
 22. I HEREBY CERTIFY, that I attended deceased from Sept. 30, 1938, to July 25, 1939
 I last saw her alive on July 25, 1939. Death is said to have occurred on the date stated above, at 8 a.m.
 The principal cause of death and related causes of importance were as follows:
Bronchio pneumonia
 Date of onset 7-24-39
 Other contributory causes of importance:
Chronic interstitial nephritis ?
mitral regurgitation ?
Chronic infectious arthritis ?
 Name of operation none Date of _____
 What test confirmed diagnosis? clinical 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) Paul V. McSpinda, M. D.
391 (Address) Edgar Bldg. De Soto, Mo.

