

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

Do not use this space.

34993

FILLED NOV 14 1941

1. PLACE OF DEATH

County Greene
Township Washington
City No.

Registration District No. 321
Primary Registration District No. 5445

File No. _____
Registered No. 28
St. _____ Ward _____

2. FULL NAME

Harbor Leslie Hedgcock
(a) Residence, No. Rogersville Mo. St. Ward. 0
(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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-23-1883
7. AGE YEARS 57 MONTHS 9 DAYS 18 If LESS than 1 day, hrs. or min.

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

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

13. NAME Millard Hedgcock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co Mo

15. MAIDEN NAME Josephine Mack

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co Mo

17. INFORMANT Velie Hedgcock wife
(ADDRESS) Rogersville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Palms DATE Oct 13-41

19. UNDERTAKER Reuben Finner
(ADDRESS) Rogersville Mo

20. FILED 11-7 1941 Mrs. Pearl Hughes Mitchell
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11 1941

22. I HEREBY CERTIFY, That I attended deceased from 9-28, 1941, to 10-11, 1941

I last saw h/a alive on 10-11, 1941. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Pulmonary Tuberculosis Date of onset 9-40

Other contributory causes of importance: diabetes mellitus 1930

Name of operation 138 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? 2

If so, specify Howard J. Mason D.O. (Signed) _____

(Address) Fordland, Mo

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.

CC. ... Ontario?
Re: 41-11-103
11/10/41