

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

Do not use this space.

1654

FEB 21 1928

1. PLACE OF DEATH

County Leflore

Registration District No. 149

File No.

Township Leflore

Primary Registration District No. 4267

Registered No. 1422

City Leflore

St. Ward)

2. FULL NAME

Malinda A. Hedges

(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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

7

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF Francis M. Hedges

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

May 15 - 1832

7. AGE

YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>95</u>	<u>8</u>	<u>22</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 950 1070
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ralla NC

10. NAME OF FATHER

Dout/Kean

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Dout/Kean

12. MAIDEN NAME OF MOTHER

Dout/Kean

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Dout/Kean

14.

INFORMANT Sarah Stroup
(Address) Leflore MS Rt # 2

15.

FILED 1/9, 19 28 J.M. Bulmy
REGISTRAR

3. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan 7 1928

17. I HEREBY CERTIFY, That I attended deceased from

1st, 1927, to Jan 7, 1928
that I last saw h. or alive on Jan 6, 1928, and that death occurred, on the date stated above at 7:45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza, Bronchial pneumonia

CONTRIBUTORY (SECONDARY)

Heart (duration) age yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ✓

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J.H. Fisher M. D.

, 19 (Address) Leflore MS

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Newhope Cemetery 1-9 1928

20. UNDERTAKER

ADDRESS

Holman Stewart Leflore MS

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

