

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

Do not use this space.

25966

1. PLACE OF DEATH

County RANDOLPH
Township _____
City MOBERLY (No. _____)

Registration District No. 735
Primary Registration District No. 3034

File No. _____
Registered No. 144
St. _____ Ward _____

2. FULL NAME MRS JULIA HEDGES.

(a) Residence. No. 609 FARRAR St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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 EA. HEDGES

6. DATE OF BIRTH (MONTH, DAY AND YEAR) OCT 2 - 1892

7. AGE YEARS 38 MONTHS 9 DAYS 12
If LESS than 1 day, _____ hrs. or _____ min.

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) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) IOWA

10. NAME OF FATHER JOHN FITZGERALD

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

12. MAIDEN NAME OF MOTHER BERTHA MULLINS

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) IOWA

14. INFORMANT FA HEDGES
(Address) 609 FARRAR ST.

15. FILED 7/17 1931 Thos J Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) JULY 14 1931

17. I HEREBY CERTIFY, That I attended deceased from July 12, 1931, to July 14, 1931, that I last saw him alive on July 14, 1931, and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicaemia, purpural
140 (duration) yrs. 1 mos. — ds.

CONTRIBUTORY (SECONDARY)

Spontaneous abortion (duration) yrs. 1 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Signs & Symptoms
(Signed) C. L. Dodson M. D.

.19 (Address) Moberly, Mo.

*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 OAKLAND CEMETERY DATE OF BURIAL July 17, 1931

20. UNDERTAKER SNOW-LEAVERY CO. MOBERLY
ADDRESS _____

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.

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

28 1931

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