

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

Do not use this space.

APR 16 1937

1. PLACE OF DEATH

County Christian
Township Chadwick
City Chadwick (No.)

Registration District No. 186
Primary Registration District No. 5261A

File No. 11594
Registered No.
St. Ward

2. FULL NAME

Bertha Paseth 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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

wife of George Hedges

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

Aug. 25th 1888

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

48618th

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)

Iowa

FATHER

13. NAME

Hepprich, Julius

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

MOTHER

15. MAIDEN NAME

Louise Zimmerman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT (ADDRESS)

George Hedges
Chadwick, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Chadwick

DATE

April 16th 1937

19. UNDERTAKER (ADDRESS)

J. B. Cheffins
Chadwick, Mo.

20. FILED

April 8, 1937E. A. Jones
Registrar.

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

March 18th 193722. I HEREBY CERTIFY, That I attended deceased from 1932 - March 14th, 1937 to March 15th, 1937I last saw her alive on March 14th, 1937 Death is said to have occurred on the date stated above, 3:30 a.m.

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

Pulmonary Tuberculosis Date of onset 1-1-28Other contributory causes of importance: 23

Name of operation

Date of

What test confirmed diagnosis? Microscopic 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

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)

(Address)

M. D.

J. B. Cheffins
Chadwick, Mo.

