

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.

DEC 14 1934

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

Do not use this space.

42265

1. PLACE OF DEATH

County Carter Registration District No. 146
Township Pike Primary Registration District No. 3207
City Fremont (No. _____) St. _____ Ward _____

File No. _____
Registered No. 65

2. FULL NAME

Oscar Hedgepeth
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Lena Hedgepeth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1, 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
46 — — —

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) 10 20 11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fremont, Carter County

13. NAME D. H. Hedgepeth

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

15. MAIDEN NAME Marquett Snider

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

17. INFORMANT Leo Hedgepeth (ADDRESS) Fremont, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hedgepeth Cemetery Dec 3 1934

19. UNDERTAKER (ADDRESS) Edith Piedmont Mo.

20. FILED Dec. 14 1934 Jessie D. Schepff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1 1934

22. HEREBY CERTIFY, That I attended deceased from June 18, 1934, to Dec 1, 1934
I last saw him alive on November 19, 1934. Death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary bilateral
2 1/2 yrs. ago

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) James R. Amos, M. D.
(Address) Fremont, Mo.

