

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

AUG 14 1935

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

Do not use this space.

15833

1. PLACE OF DEATH
County CARTER Registration District No. 146
Township PIKE Primary Registration District No. 2209
~~CITY FREMONT~~ No. Franklin St. _____ Ward _____
2. FULL NAME David Franklin Hedgepeth
(a) Residence, No. Bowling Green Ky St. Ward _____ (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emily Hedgepeth</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 28 1894</u>		
7. AGE YEARS <u>40</u>	MONTHS <u>10</u>	DAYS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>unemployed</u>		
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) <u>FREMONT, Mo. CARTER Co.</u>		
13. NAME <u>David Hedgepeth</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>TENN.</u>		
15. MAIDEN NAME <u>Snyder</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>CARTER Co. Mo.</u>		
17. INFORMANT <u>Geo Hedgepeth</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>FREMONT</u> DATE <u>May 2 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Pike, Fremont</u>		
20. FILED <u>July 10 1935</u> <u>Jessie D Schupp</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1935 to May 1 1935
I last saw him alive on April 29 1935 Death is said to have occurred on the date stated above, at 10:35 A.M.
The principal cause of death and related causes of importance were as follows:
Tuberculosis, Pulmonary, fulminating, bilateral. Date of onset Not known

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? Sputum test. 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 J. Amos, M. D.
(Address) Fremont, Mo.

