

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.

JAN 19 1932

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

Do not use this space.
40378
40288

1. PLACE OF DEATH

County Carter Registration District No. 146
Township Pike Primary Registration District No. 5209
City Fremont (No. _____) St. _____ Ward _____

2. FULL NAME

Spencer Hedgepeth
(a) Residence, No. Fremont, Mo. 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

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 Belle Hedgepeth
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>50</u>	<u>10</u>	<u>00</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cafe
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Fremont
(STATE OR COUNTRY) Missouri

13. NAME Dave Hedgepeth
14. BIRTHPLACE (CITY OR TOWN) Senessee
(STATE OR COUNTRY) _____

15. MAIDEN NAME Margaret Snider
16. BIRTHPLACE (CITY OR TOWN) Carter County
(STATE OR COUNTRY) Missouri

17. INFORMANT Les Hedgepeth
(ADDRESS) Fremont, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fremont DATE Dec. 23, 1931

19. UNDERTAKER W. C. Gray
(ADDRESS) Van Buren, Mo.

20. FILED Jan 11, 1932 Jessie D. Schaff
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20, 1931
22. I HEREBY CERTIFY, That I attended deceased from 12-10-1931 to 12-20-1931
I last saw him alive on 12-20-1931. Death is said to have occurred on the date stated above, at 7:10 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
Date of onset 12-10-31
J. D. A.
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ 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) W. P. Purdy, M. D.
(Address) Fremont, Mo

