

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.

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

Do not use this space.

JAN 15 1936

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1. PLACE OF DEATH

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

File No. _____
Registered No. 59

2. FULL NAME

Margaret Emeline Snider Hedgpeth
(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 <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>David Hedgpeth</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 15, 1856</u>				
7. AGE	YEARS <u>79</u>	MONTHS <u>9</u>	DAYS <u>25</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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>Carter County</u>				
FATHER	13. NAME <u>Snider</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT <u>Geo Hedgpeth</u> (ADDRESS) <u>Lancaster, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE <u>12-10-1935</u>				
19. UNDERTAKER <u>Gish</u> (ADDRESS) <u>Piedmont, Mo.</u>				
20. FILED <u>Jan 10, 1936</u> <u>Jessie D. Schupp</u> Registrar				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10th, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 18th, 1935, to Dec 10, 1935
I last saw her alive on Dec 8, 1935. Death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 11-24

Other contributory causes of importance:
Influenza

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?
If so, specify _____
(Signed) J. H. Cotton, M. D.
(Address) Van Buren

