MAY 27 1927

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

Do not use this space.

12043

1. PLACE OF DEATH
County: Jasper
Township:
City: Carterville Mo.
(No. ..... St. ..... Ward)

Registration District No. 407
Primary Registration District No. 4241

File No.
Registered No.

2. FULL NAME Joseph E Hudeleston.
(a) Residence. No. 217 W. DDaugherty 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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17 1850

7. AGE: Years 76 | Months 9 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Miner Lead
(b) General nature of industry, business, or establishment in which employed (or employer): Lead Zenc
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Tenn,

PARENTS
10. NAME OF FATHER Calven Hudeleston.
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unkown.
12. MAIDEN NAME OF MOTHER Unkown.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unkown.

14. INFORMANT Mrs Berta Ellette
(Address) Cardin Okla.

15. FILED 4-24, 1927. C L Gray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 18 1927

17. I HEREBY CERTIFY, That I attended deceased from April 18, 1927, to April 18, 1927 that I last saw h. alive on April 18, 1927, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 161A
(Duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W W Waggoner, M. D
, 19 (Address) Webb City

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forst Park Cem.
DATE OF BURIAL April 21 1927

20. UNDERTAKER Green Co.
ADDRESS Pitcher Okla.

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.