

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

Do not use this space

1836

1. PLACE OF DEATH

County Marion Registration District No. 547 File No. _____
 Township Marion Primary Registration District No. 2029 Registered No. 13
 City Hannibal (No. 221) Summit St. 6 Ward)

2. FULL NAME Dennis Larver Dudding
 (a) Residence. No. 221 Summit St. 6 Ward. (If nonresident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 68 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 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 Lillian K. Kelly Dudding

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16 - 1879

7. AGE
 YEARS 78 MONTHS 9 DAYS 4 IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired 18 months
 (b) General nature of industry, business, or establishment in which employed (or employer) Railway Express Messengers
 (c) Name of employer American P.R. Express Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo.

10. NAME OF FATHER Joseph Dudding

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Elizabeth Moss

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan - 20 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1928, to Jan 20, 1928, that I last saw h. AAA alive on Jan 18, 1928, and that death occurred, on the date stated above, at 8-A. W. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis -

CONTRIBUTORY (SECONDARY) 90 B ? (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? A. S. Hill

(Signed) _____, M. D.

, 19 _____ (Address) Hannibal, Mo.

*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 Riverside Cemetery **DATE OF BURIAL** Jan 22 1928

20. UNDERTAKER Schwartz Funeral Home **ADDRESS** Hannibal Mo.

REGISTRAR man

1928

...min terms, so that it may r...ment o...d. exact

