MAR 21 1928

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

Do not use this space.
7405

1. PLACE OF DEATH
County Holland
Township Jefferson
City ..... (No. ..... St. ..... Ward)

Registration District No. 810
Primary Registration District No. 6055

File No. .....
Registered No. 15

2. FULL NAME Joseph Miller Tudor
(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

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: Mary Elizabeth Tudor

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 18, 1837

7. AGE: 90 YEARS, MONTHS: 1, DAYS: 20, If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ross County Ohio

PARENTS
10. NAME OF FATHER: John Tudor
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Virg
12. MAIDEN NAME OF MOTHER: Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Virg

14. INFORMANT: Ada Morehead
(Address) Memphis Mo

15. FILED: 3/13/1928 E E Parrish
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 8 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1928, to Feb 8, 1928 that I last saw him alive on Feb 8, 1928, and that death occurred, on the date stated above, at 11 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
B2R
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Cerebral Hemorrhage
..... (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? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Frank Givens, M. D
2/9/1928 (Address) Memphis, 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: Memphis cemetery
DATE OF BURIAL: 2/10/ 1928

20. UNDERTAKER: A. W. Payne & Sons
ADDRESS: Memphis

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.