

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

Do not use this space.

10369

**1. PLACE OF DEATH**

County St. Francois  
Township St. Francois  
City Flor River (Name)

Registration District No. 774  
Primary Registration District No. 4465

File No. 20  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Word)

**2. FULL NAME**

Mary J. Hudson

(a) Residence No. Flor River 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**

**4. COLOR OR RACE**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word)

Female White Married

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

March 6 - 1928

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min. 90

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

**9. BIRTHPLACE (CITY OR TOWN)**

Flor River

(STATE OR COUNTRY)

MO.

**10. NAME OF FATHER**

James Hudson

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Lecky

(STATE OR COUNTRY)

MO.

**12. MAIDEN NAME OF MOTHER**

Ola Gross

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Wynona

(STATE OR COUNTRY)

MO.

**14.**

INFORMANT Ola Hudson  
(Address) Flor River

**15.**

Filed April 9, 1928 F. L. Heath  
REGISTRAR

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

March 7 1928

**17.**

I HEREBY CERTIFY That I attended deceased from March 7, 1928, to March 7, 1928, that I last saw him alive on March 7, 1928, and that death occurred, on the date stated above, at 8:30 P.M.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Pneumonia with

1610

(duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

Influenza - pneumonia  
miscellaneous at above title of program  
(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) J. J. Johnson M.D.  
, 19 (Address) Flor River 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**

**DATE OF BURIAL**

Buried at home Mar 7 1928

**20. UNDERTAKER**

**ADDRESS**

By parent

K. 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.

