

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

1. PLACE OF DEATH

 County Polk
 Township Odessa MO
 City Odessa MO (No.)

 Registration District No. 464
 Primary Registration District No. 4277

 File No. 12 24295
 Registered No. 45
 St. Ward

2. FULL NAME

Hattie Nathalia Doudson
 (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

Female

4. COLOR OR RACE

White

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

single

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

Single

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

Oct-18-1885

7. AGE

YEARS

MONTHS

DAYS

 If LESS than 1
 day, hrs.
 or min.
42818

8. OCCUPATION OF DECEASED

 (a) Trade, profession, or
 particular kind of work
School Teacher
 (b) General nature of industry,
 business, or establishment in
 which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Wm W Leonard

10. NAME OF FATHER

Henry A. Doudson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Wm Leonard, MO

12. MAIDEN NAME OF MOTHER

Kathleen McRoney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Grand Pass MO

14.

INFORMANT

(Address)

Mrs. Ward Piper
Provey Mo.

15.

DATE

1928

REGISTERAR

W. S. Schaeley
 REGISTERAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1 1928
 17. I HEREBY CERTIFY That I attended deceased from June 28, 1928, to July 1, 1928
 that I last saw her alive on July 1, 1928 and that
 death occurred, on the date stated above, at 3:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dilatation of Stomach
118 C (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

112 C (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

 1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 18-1928

 WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? St. Gallen's
 (Signed) W. S. Schaeley, M. D.

 (Address) Odessa 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

Blackburn MO7/5 1928

20. UNDERTAKER

ADDRESS

Blanco & SonsOdessa MO

