

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

Do not use this space.

26574

**1. PLACE OF DEATH**

County Butler

Registration District No. 89

File No. 191

Township Poplar Bluff

Primary Registration District No. 3007

Registered No. 191

City Poplar Bluff

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Alice Shelton Hudelson

(a) Residence. No. 216 Cynthia St. 3 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Female

**4. COLOR OR RACE**

white

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

widow

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

John M. Hudelson

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

April 12 - 1864

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>64</u>	<u>4</u>	<u>26</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

Louisville

(STATE OR COUNTRY)

Ind

**10. NAME OF FATHER**

James Shelton

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

(STATE OR COUNTRY)

Ind

**12. MAIDEN NAME OF MOTHER**

Elizabeth Cooper

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

(STATE OR COUNTRY)

Ind

**14.**

INFORMANT Carl Hudelson

(Address) Poplar Bluff Mo

**15.**

FILED 9/1 1928 Dr B J Camp REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

Aug 31 1928

**17.**

I HEREBY CERTIFY That I attended deceased from Apr 1928 to Aug 30 1928 that I last saw him alive on Aug 23 1928 and that death occurred, on the date stated above, at 7:30 a.m.

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

Heart Disease

4 1/2 (duration) yrs. 6 mos. — da.

**CONTRIBUTOR (SECONDARY)**

**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? Clinical

(Signed) A J Davidson M. D.

(Address) Poplar Bluff 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**

city

Sept 2 1928

**20. UNDERTAKER**

**ADDRESS**

Frank Hudt 60 Poplar Bluff

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.

SEP 24 1928

