122 1928

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

Do not use this space.

35444

File No.

Registered No. 14

1. PLACE OF DEATH

County: Jackson — Registration District No. 396

Township: Ft Osage — Primary Registration District No. 6-5-2

City: West of Sibley 2 miles (No. ..... St. ..... Ward)

2. FULL NAME W. Scott Hudspeth

(a) Residence. No. Sibley Mo. St., ... Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 10 mos. 12 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
m	wh	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lola Hefflin Hudspeth

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1/14

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	10	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: farmer 193

(b) General nature of industry, business, or establishment in which employed (or employer): Ex-service man Coast Artl.

(c) Name of employer: Worked for parents

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

PARENTS

10. NAME OF FATHER T B Hudspeth

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

12. MAIDEN NAME OF MOTHER Mattie Scott

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

14. INFORMANT Mrs T B Hudspeth (Address) Sibley Mo.

15. FILED 11-10, 1928 N D Rammerman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 6 1928

17. I HEREBY CERTIFY, That I attended deceased from: Deputy Coroner ....., 19....., to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Homicide Firearms

Accidentally shot by his uncle Sidney Scott about 7:30 P.M. Sat. Oct. 5th 1928. At Home place West of Sibley 2 miles. VHR ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 183 ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Coroner's Inquest

(Signed) Henry Gaugh, M. D

, 19 (Address) Deputy Coroner

*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
Buckner Hill Cemetery	Oct. 8 1928
20. UNDERTAKER	**ADDRESS**
W. M. Reppert Buckner	Mo #2321

K. B. Every item of information should be carefully supplied. AGE, NAME, SEX, COLOR, MARITAL STATUS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Jackson — Registration District No. 396 — File No.
Township Ft. Osage — Primary Registration District No. 5552 — Registered No. 14
City (No. , St. Ward)

2. FULL NAME W. Scott Hudspeth
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
m	W	m

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 24-88

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
39	10	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(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)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED 11-10, 1928 N. L. Baumeister
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 6 1928

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , that I last saw h alive on , 19 , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(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) , M. D
, 19 (Address)

*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 19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

...tion should be carefully supplied. AGE should be ... EXACTLY PHYSICIANS should state ... terms so that it may be properly classified ... of OCCUPATION is very important.

RE... SHA... NOT RECEIVE A FEE FOR CERTIFICATES U... ARE COMPLETE AS PRESCRIBED BY LAW

S-33444