

22 1928

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

Do not use this space.

34098

1. PLACE OF DEATH

County Lewis
Towship Clinton
City Clinton

Registration District No. 477
Primary Registration District No. 4286

File No. _____
Registered No. 50
St. _____ Ward _____

2. FULL NAME

Nancy Louise Hudnut

(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) Feb 19 - 1923
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 5 5 9

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) Clark Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Morr Hudnut

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

12. MAIDEN NAME OF MOTHER Stall Lewisford

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

14. INFORMANT Morr Hudnut
(Address) Williamsburg Mo

15. FILE Oct 23 1928 A. W. Harris
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 22 1928
17. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1928, to October 22, 1928, that I last saw her alive on Oct 22, 1928, and that death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Haemorrhage of the stomach

10 (duration) yrs. mos. ds.
CONTRIBUTORY ulcer of stomach (SECONDARY)
interic fever (duration) yrs. mos. ds. 26 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, at her home

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) J. N. Wagoner, M. D.
, 19 (Address) Clinton, 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 Liberty Cem. DATE OF BURIAL Oct 24 1928

20. UNDERTAKER M. S. Kelly ADDRESS Clinton Mo

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.

