

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

Do not use this space.

39613

1. PLACE OF DEATH

County Butter
Township Poplar Bluff
City Poplar Bluff (No. _____) (Word)

Registration District No. 89
Primary Registration District No. 3007

File No. _____
Registered No. 256

2. FULL NAME

Infant of William and Mandie Hudson

(a) Residence. No. 822 Duncan St. Ward. _____
(Usual place of abode)

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) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 2-1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 8 hrs. or _____ min.

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) Poplar Bluff Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER William Hudson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cartersville Ill.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mandie Tucker

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

14. INFORMANT William Hudson
(Address) Poplar Bluff Mo

15. FILED 12/5-28 Dr B J Clure
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 3 19 28

17. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1928, to Dec 3, 1928 that I last saw her alive on Dec 5, 1928, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1570
159
Non Closure of Trauma
Orals (duration) _____ yrs. _____ mos. 1 ds.

CONTRIBUTORY (SECONDARY) Promature Birth
of about 8 mos (duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) J. R. Hamall, M. D.

(Address) Poplar Bluff, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Felkins addcityben DATE OF BURIAL Dec 3 1928

20. UNDERTAKER Frankmundt Co ADDRESS Poplar Bluff Mo

JAN 22 1929

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

