

FEB 2 1929

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

Do not use this space.

1403

1. PLACE OF DEATH

County Jackson

Registration District No. 398

File No. _____

Township Blue

Primary Registration District No. 5554

Registered No. 4

City Independence (No. _____)

St. _____ Ward _____

2. FULL NAME Hurdie Eugene Cudworth

(a) Residence No. 1844 Norton St. _____ Ward _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. 10 mos.

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Clara Ada Cudworth

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

Nov 26 - 1875

7. AGE

YEARS

MONTHS

DAYS

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

53

1

10

8. OCCUPATION OF DECEASED

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

Salesman

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

Retired

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Worcester Mass

10. NAME OF FATHER

John Briggs Cudworth

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Worcester Mass

12. MAIDEN NAME OF MOTHER

Margaret Alice Reid

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Worcester Mass

Provincetown, Massachusetts

14.

INFORMANT

Frank E. Cudworth
1023 Chestnut Chicago Ill.

15.

FILED 1-7 1929 7. L. Cook

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

1-5 1929

17. I HEREBY CERTIFY that I attended deceased from Dec 26 1928, to Jan 5 1929, that I last saw him alive on Jan 5 1929, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Chronic Interstitial Nephritis

131 (duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY)

Arteriosclerosis

(duration) 5 yrs. — mos. — ds.

18. WHERE DISEASE CONTRACTED

1844 Norton

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Lab

(Signed) Chas. E. Green M. D.

1/7 (Address) Indep. 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

Mount Grove Cem.

Jan. 7th 1929

20. UNDERTAKER

ADDRESS

Ott & Mitchell

Indep. 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.

