

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

Do not use this space.

✓ 2769

**1. PLACE OF DEATH**

County Oregon  
Township Frank  
City Frank (No.     ) (Ward     )

Registration District No. 696  
Primary Registration District No. 5835

File No.       
Registered No.     

**2. FULL NAME**

Benjamin Thomas Hudson

(a) Residence. No.      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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

2. 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 Maud Taylor

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22 1894

7. AGE YEARS 37 MONTHS 7 DAYS 23 If LESS than 1 day,      hrs. or      min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Public works  
(b) General nature of industry, business, or establishment in which employed (or employer)       
(c) Name of employer     

9. BIRTHPLACE (CITY OR TOWN) Henry county  
(STATE OR COUNTRY) Tennessee

10. NAME OF FATHER John Hudson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Paris  
(STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER Abbie Haag

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

14. INFORMANT J.C. Hudson  
(Address) Winona Mo

15. FILED 1-15-29 Walter Boelen  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 19 29

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 19 29, to Jan 14, 19 29 that I last saw him alive on Jan 10, 19 29, and that death occurred, on the date stated above, at      m.

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

Pneumonia  
lobar of Right  
side  
108 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 101A (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? 8 DATE OF     

WAS THERE AN AUTOPSY?     

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) S. L. Liker, M. D.  
Jan 15, 19 29 (Address) Winona 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 Wayne Co Mo  
Chapel Hill Cemetery DATE OF BURIAL Jan 15 19 29

20. UNDERTAKER       
ADDRESS     

M. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

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2  
2  
2

RECORD

W. B.—Every item of information as to  
DEATH is plain to

Direct state  
PHYSI



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