

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

Do not use this space.

32353

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City Saint Louis (No. Masonic Home of Mo) St. Ward)

File No.
 Registered No. 9446

2. FULL NAME Mary P. Dudgeon

(a) Residence. No. 5351 Delmar St. 12 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) widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William A. Dudgeon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-2-1852
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 10 19

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired housekeeper
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Howard Co
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Robert M. Patrick
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY) unknown
 12. MAIDEN NAME OF MOTHER unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY) unknown

14. INFORMANT Wilmuth Walker
 (Address) 5351 Delmar

15. FILED SEP 23 1929 Max C. Starbuck REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 21 19 29

17. I HEREBY CERTIFY, That I attended deceased from Sept 9, 19 29, to Sept 21, 19 29 that I last saw her alive on Sept 21, 19 29, and that death occurred, on the date stated above, at 5:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis

93C
 18. WHERE WAS DISEASE CONTRACTED (duration) yrs. mos. ds. 2
 CONTRIBUTORY (SECONDARY) 90B (duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? DATE OF.....

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Phys Ex only
 (Signed) Dolan Catherine M. D.

Sept 21, 19 29 (Address) Metropolitan Bldg

*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
Fayette Missouri sep 23 1929

20. UNDERTAKER ADDRESS
Alexander & Sons 16175 Delmar

