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

Do not use this space.

39910

1. PLACE OF DEATH
County Callaway
Township Nine-Mile
City ..... (No. ..... St. ..... Ward)

Registration District No. 104
Primary Registration District No. 5164

File No. .....
Registered No. 245

2. FULL NAME Charles Ernest Mudd

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 14, 1926.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	3	10	18	

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

9. BIRTHPLACE (CITY OR TOWN) Callaway County
(STATE OR COUNTRY) Shamrock, Missouri

PARENTS

10. NAME OF FATHER O. P. Mudd
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pike Co.
(STATE OR COUNTRY) New Hartford, Mo.
12. MAIDEN NAME OF MOTHER Olie Hazel Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Montgomery Co.
(STATE OR COUNTRY) Missouri

14. INFORMANT O. P. Mudd
(Address) Williamsburg, Mo.

15. FILED Dec 3, 1929 R. N. Crews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 2nd, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1929, to Dec 2, 1929 that I last saw him alive on Nov. 2, 1929, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Spinal meningitis
1570
99R
..... (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Spinal bifida (ruptured)
..... (duration) 3 yrs. 10 mos. 18 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) James O. Helm, M. D.
, 19 (Address) New Florence, 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
Bethel Cem. Montgomery Co.	Dec 3, 1929

20. UNDERTAKER	ADDRESS
Mr. Hopkins	Montgomery Co. 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.