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

Do not use this space.

43261

File No. .....

Registered No. 41

1. PLACE OF DEATH

County: Warren

Township: .....

City: Warrenton (No. ....., ... St. ..... Ward)

Registration District No. 881

Primary Registration District No. 4534

2. FULL NAME Robert Caswell Hudson

(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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Verginia Dyer Hudson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 25-1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	8	18	

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

9. BIRTHPLACE (CITY OR TOWN) New Wright City
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER James Hudson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Culpeper
(STATE OR COUNTRY) Va

12. MAIDEN NAME OF MOTHER Eliza Reynolds

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Culpeper
(STATE OR COUNTRY) Va

14. INFORMANT Mrs Verginia Hudson
(Address) Warrenton Mo

15. FILED Dec 15, 1929 A W Abeling
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 12th 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1929 to Dec 12th 1929 that I last saw h... alive on Dec 12 1929 and that death occurred, on the date stated above at 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy
82A
102
156 ..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Senility & High Blood Pressure ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Blue H Dyer, M. D
12/13, 1929 (Address) Warrenton 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 Wright City Cemetery — DATE OF BURIAL Dec 15th 1929

20. UNDERTAKER F O Hilling — ADDRESS Warrenton 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.

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