

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.

JUN 25 1930

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

Do not use this space

19004

1. PLACE OF DEATH

County Dallas
Township W. Benton
City Buffalo (No. 5334)

Registration District No. _____
Primary Registration District No. 241

File No. _____
Registered No. 353
St. _____ Ward _____

2. FULL NAME

Frank A. 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

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 Helle Hudson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April - 9 - 1870

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, hrs.	or min.
<u>60</u>	<u>1</u>	<u>11</u>			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Medicine 10
(b) General nature of industry, business, or establishment in which employed (or employer) doctor
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Benton Mo
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Frank A. Hudson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Maria Hutchins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Spain
(STATE OR COUNTRY) _____

14. INFORMANT Helle Hudson
(Address) Buffalo Mo

15. FILED 4/10 1930 Harvey Morrow
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 - 1930

17. I HEREBY CERTIFY, That I attended deceased from April 10 1930 to 6-1 1930
that I last saw him alive on 6-1 1930 and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchiectasis -
Several years duration
under my observation
about 10 weeks mos. ds.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED about 12 mi
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) V. H. Strummond, M. D.
, 19 (Address) Buffalo 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 Oak Lawn DATE OF BURIAL June 3 1930

20. UNDERTAKER L. B. Jones ADDRESS Buffalo Mo

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May - 9