OCT 31 1930

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

Do not use this space.

30884

File No. 10

Registered No. 958

1. PLACE OF DEATH

County: Ripley

Township:

City: Doniphan (No. ..... St. ..... Ward)

Registration District No. 750

Primary Registration District No. ~~958~~ 4451

2. FULL NAME: John William Cude.

(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 60 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Caucasian	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Loula Cude.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 23, 1857.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	4	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): General Mdse.

(c) Name of employer: Retired.

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

PARENTS

10. NAME OF FATHER: Harner Cude.

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

12. MAIDEN NAME OF MOTHER: Jane Harrington.

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

14. INFORMANT: Mrs Loula Cude
(Address) Doniphan, Mo.

15. FILED 9/23, 1930 E. B. Johnston
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 21, 30. 19

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1930, to Sept 21, 1930, that I last saw him alive on Sept 20, 1930, and that death occurred, on the date stated above, at 12:10 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Thrombosis

(duration) ..... yrs. ..... mos. 1 da.

CONTRIBUTORY (SECONDARY) Angina pectoris

(duration) 3 yrs. ..... mos. ..... da.

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) C. A. Proctor M. D

9/23, 1930 (Address) Doniphan 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 Ridge Cemetery. DATE OF BURIAL: 9-23-30 19

20. UNDERTAKER: E. B. Johnston ADDRESS: Doniphan 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.