

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

Do not use this space.

40507

1. PLACE OF DEATH

County St. Francois
Township
City Farmington (No.)

Registration District No. 773
Primary Registration District No. 4464

File No.
Registered No. 174
St. Ward

2. FULL NAME

Scholastic 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 1 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15 1930

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

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1920, to Dec 15, 1930, that I last saw her... alive on Dec 15, 1930, and that death occurred, on the date stated above, at 10:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 29-1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
77 1 17

Myocarditis (Chronic)
Intermittent nephritis (Chronic)
131
93e (duration) 2 yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) (29) (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Randolph Co. Ill. (STATE OR COUNTRY)

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

10. NAME OF FATHER Timothy Bone

DID AN OPERATION PRECEDE DEATH No DATE OF
WAS THERE AN AUTOPSY? No

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

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) R. Appberry M. D.

12. MAIDEN NAME OF MOTHER Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17/16 1930 (Address) Farmington Mo

14. INFORMANT Mrs G. J. Rogers (Address) Farmington 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.

15. FILED 12-16-30 T. J. Robinson REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Doc Run Mo. DATE OF BURIAL Dec 17 1930

20. UNDERTAKER Farmington and Co. Farmington Mo.

JAN 22 1931

Every item of information should be carefully verified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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