

23 1931

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4478

1. PLACE OF DEATH
 County Andrain Registration District No. 24
 Township Prarie Primary Registration District No. H.O.18
 City Ladonia (No.) St. Ward

2. FULL NAME Robert Clifton Dudgeon
 (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.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Elizabeth Dudgeon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 20 of 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 4 17

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) (STATE OR COUNTRY) Iowa

10. NAME OF FATHER Thomas Dudgeon

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

12. MAIDEN NAME OF MOTHER Elizabeth Herrod

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1930, to Feb 7, 1931, that I last saw him alive on Feb 6, 1931, and that death occurred, on the date stated above, at 5 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
106
108 (duration) yrs. mos. 8 ds.

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Place of Death
 DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Physical signs
 (Signed) H. K. McCall, M. D.
2-7, 1931 (Address) Ladonia 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 Ladonia, Mo. DATE OF BURIAL Feb 8 1931

20. UNDERTAKER H. G. Sranger ADDRESS Ladonia Mo.

14. INFORMANT Mrs Jim Phillips
 (Address) Ladonia Mo

15. FILED 2-8-31 W. K. McCall REGISTRAR

