

**BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

10093  
1366

**1. PLACE OF DEATH**

County Jackson  
Township Baw  
City Kansas City (No. Family Hospital)

Registration District No. 399  
Primary Registration District No. 1002

File No. 1366  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 9001 Woodland St. Ward. 10  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**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 Estude C. Hudson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 18 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hr. or \_\_\_\_\_ min.  
47

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

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

10. NAME OF FATHER James M. Hudson

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

12. MAIDEN NAME OF MOTHER Francis Oldham

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

14. INFORMANT (Address) Estude C. Hudson  
9001 Woodland

15. FILED 3-21-31 M. M. Crow REGISTRAR  
ant

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 18 1931  
17. I HEREBY CERTIFY, That I attended deceased from Feb 12 1931 to Mar 18 1931.  
that I last saw h. alive on Mar 18 1931, and that death occurred, on the date stated above, at 9 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Streptococci meningitidis  
9A  
9B Otitic in origin (duration) yrs. mos. ds. 9  
9A CONTRIBUTORY Chronic Mastoiditis (SECONDARY) (duration) yrs. mos. ds. \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED Weatherby, Mo  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
19. DID AN OPERATION PRECEDE DEATH? yes DATE OF Mar 18-31  
20. WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS Laboratory Exam.  
(Signed) Home A. Beal M. D.  
3/19 1931 (Address) 1002 Apple Bldg.

\*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 Weatherby, Mo. DATE OF BURIAL 3/23 1931  
20. UNDERTAKER Heuman Mortuary ADDRESS K. O. 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.

