

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

Do not use this space.

20488

File No. \_\_\_\_\_  
Registered No. 21 St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Bates Registration District No. 47  
Township Electra Primary Registration District No. 4027  
City Adrian (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jamez Elkanah Hudelrow  
(a) Residence No. Adrian, Mo. 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (name of deceased) <u>Corrie M. Hudelrow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 13-1860</u>		
7. AGE	YEARS <u>71</u>	MONTHS _____
	DAYS <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>transp.</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Aug. 1929</u>	
	11. Total time (years) spent in this occupation <u>40</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Orange Co., Indiana</u>		
FATHER	13. NAME <u>Thomas Hudelrow</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Orange Co., Indiana</u>	
MOTHER	15. MAIDEN NAME <u>Lydian Elrod</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Orange County, Ind.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. D. L. Lantzford Adrian, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Recent Hill</u> DATE <u>June 14, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>breath &amp; day Adrian</u>		
20. FILED <u>6-16-31</u> <u>Steel, Tuttle</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1931

22. I HEREBY CERTIFY That I attended deceased from Dec. 10, 1930 to June 12, 1931

I last saw him alive on June 10, 1931. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:  
Coronary Pectoris  
94A  
124B  
94 A

Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Intest also had abdominal ecites & cirrhosis liver (hyper trophic)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) E. E. Robinson, M. D.  
(Address) Adrian, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 22 1931

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