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

Do not use this space.

33680

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 1075
City St. Joseph, Mo. (No. 1705 Francis St. Ward)

2. FULL NAME Herbert W. Judson
(a) Residence, No. 1705 Francis St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 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: Alma Judson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 10, 1869

7. AGE: YEARS 62 — MONTHS 1 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Painter
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Union City, Michigan

FATHER
13. NAME: W. W. Judson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, New York

MOTHER
15. MAIDEN NAME: Sarah Cozine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, New York

17. INFORMANT (ADDRESS): Alma Judson, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Moro — DATE: Oct. 20, 1931

19. UNDERTAKER (ADDRESS): Fleeman Funeral Home, St. Joseph, Missouri

20. FILED: OCT 20 1931 — John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1930 to Oct. 18, 1931
I last saw him alive on Oct. 18, 1931. Death is said to have occurred on the date stated above, at 4:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	2 yrs.
93	
Other contributory causes of importance:	
Per. Anaemia	6 mos.
93	
91A	

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? No — 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) Frank H. Hartigan M. D.
(Address) Kirkpatrick Bldg.

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.

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