

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.

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

Do not use this space.

33749

1. PLACE OF DEATH

County Caldwell

Registration District No. 94

Township Breckenridge

Primary Registration District No. 4056

City Caldwell (No. 1)

File No. _____

Registered No. 19

St. _____

Ward _____

2. FULL NAME Mary Catherine Hudson

(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 19 yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. E. Hudson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6 1859

7. AGE

YEARS 72

MONTHS 2

DAYS 7

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Ind.

FATHER MOTHER

13. NAME Aron Hill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Perry Hudson

(ADDRESS) Breckenridge Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE McClintock

DATE Oct 14 1931

19. UNDERTAKER Thos Beck

(ADDRESS) Breckenridge Mo

20. FILED Oct. 14 1931

E. A. Thompson M.D.
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 13th 1931

22. I HEREBY CERTIFY, That I attended deceased from October th 31 to Oct 13th, 1931

I last saw h. or alive on Oct 13th, 1931 Death is said to have occurred on the date stated above, at 3 A.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

IIA
107A

Other contributory causes of importance

Influenza

Name of operation _____ Date of _____

What test confirmed diagnosis? Symptoms 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 A. R. Wilsey, M. D.

(Address) Breckenridge, Missouri

