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.

41691

1. PLACE OF DEATH
County Newton — Registration District No. 609 — File No. 99
Township — Primary Registration District No. 4363 — Registered No.
City Neosho (No. ..... St. ..... Ward)

2. FULL NAME Tyra Barlow Hudson
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: 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: Dan Hudson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Record Lost

7. AGE: About 70 YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Writer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Short Stories
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): Neosho Missouri

FATHER
13. NAME: James ~~Barlow~~ Barlow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Evaline Price
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): Clifford Hudson Neosho Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: 100 F. Cemetery DATE: 12/30, 1931

19. UNDERTAKER (ADDRESS): Big Lam's Neosho Mo

20. FILED: 12/31, 1931 C. E. Mauers Registrar.
L. M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1931, to Dec 28, 1931
I last saw her alive on Dec 28, 1931. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorage	12/28/31
82A	7:30 p.m.
82A	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) H. F. Foster, M. D.
(Address) Neosho Mo