

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.

APR 23 1932

Norris

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

Do not use this space.

7366

1. PLACE OF DEATH
 10 County Boone Registration District No. 73
 3 Township Columbia Primary Registration District No. 3006
 8 City Columbia (No.) St. Ward)

2. FULL NAME Mary Jane Hudnell
 (a) Residence, No. 607 Morley St. 1 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 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 George Hudnell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 23-1854

7. AGE YEARS 77 MONTHS 6 DAYS 10 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 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) Boone, Missouri

FATHER
 13. NAME Alexander Douglas
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Doit Knowl
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

17. INFORMANT Mary Via (ADDRESS) Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE New Providence DATE 3/5 1932

19. UNDERTAKER W. A. Norris (ADDRESS) Columbia, Mo.

20. FILED 3/8/32 Allie Selby Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/3/32 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-1 1932 to 3-3 1932
 I last saw her alive on 3-3 1932. Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis
Chronic Bronchitis
106B
77
 Other contributory causes of importance 106B severity
 Date of onset 1/13/32

Name of operation 1 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?

If so, specify
 (Signed) W. A. Norris M. D.
 (Address) Columbia, Mo.

