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.

MAY 23 1932

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

Do not use this space.

1. PLACE OF DEATH
County Bates — Registration District No. 52 — File No. 11551
Township West Boone — Primary Registration District No. 5080 — Registered No. 6
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Elijah Chilton Mudd
(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 M
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Mudd.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-27-1852
7. AGE YEARS 80 MONTHS 0 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) 20 yrs ago
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Rue Co - Ky. 2

FATHER
13. NAME Stephen Mudd.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Mary E. Middleton.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) S. A. Mudd. Marion - Kans.
18. BURIAL, CREMATION, OR REMOVAL PLACE Burdette Cem DATE Apr-20 1932
19. UNDERTAKER (ADDRESS) J. B. Hart Drexel - Mo.
20. FILED 4/19 1932 E. E. Shockey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr - 17 - 1932
22. I HEREBY CERTIFY, That I attended deceased from April 4 1932, to April 17 1932
I last saw him alive on April 17 1932. Death is said to have occurred on the date stated above, at 3:46 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Recurrent Angina Pectoris	4/4-32
94A	
94A	

Other contributory causes of importance:
Senility (I)

Name of operation None 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) Basil C. Hartwell, M. D.
(Address) Drexel, Mo.