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.

OCT 24 1932

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

Do not use this space.

28141

1. PLACE OF DEATH

County Bates — Registration District No. 53 — File No.

Township — Primary Registration District No. 0005 — Registered No. 32

City Rich Hill (No. , St. Ward)

7 6 6

2. FULL NAME Dora Alice Mudd

(a) Residence, No. E. Walnut St., North 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 F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF William J. Mudd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24-1868

7. AGE YEARS 64 MONTHS 2 DAYS 25 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Missouri 1

FATHER

13. NAME ~~[illegible]~~ Moran

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

MOTHER

15. MAIDEN NAME Lucinda Cash

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

17. INFORMANT (ADDRESS) Clara W. Cox Rich Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greenhawn DATE Sept-22 1932

19. UNDERTAKER (ADDRESS) Pond + Reavley Rich Hill Mo

20. FILED Sept 22 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1931, to Sept 19 1932

I last saw h. W. alive on Sept 19 1932. Death is said to have occurred on the date stated above, at 4:15 a.m.

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

Cerebral hemorrhage — Date of onset Sept 18/32

82A

102

82A

Other contributory causes of importance: Hypertension — Jan 31

Name of operation None — Date of

What test confirmed diagnosis? [signature] — 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

(Signed) [signature], M. D.

(Address) Rich Hill Mo