

WRITE PLAINLY, WITHOUT 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.

JAN 21 1933

31349

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

Do not use this space.

31349-A

1. PLACE OF DEATH

County Barry  
Township Flat Creek  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 29  
Primary Registration District No. 5038

File No. \_\_\_\_\_  
Registered No. 52 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mrs. Clara 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 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF J. H. Hudson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10th 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
53 4 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 235

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) Cassville Mo.  
Barry County Mo.

13. NAME Arch Hesse

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Mary Abernathy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) J. H. Hudson  
Cassville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cassville DATE Oct. 5th 1932

19. UNDERTAKER (ADDRESS) N. D. Hoan

20. FILED Jan 1 1933 Mrs. H. P. Williams  
Dpt. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4th 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3rd 1932 to Oct. 4th 1932  
I last saw her alive on Oct. 4th 1932, Death is said to have occurred on the date stated above, at 2:00 p.m.  
The principal cause of death and related causes of importance were as follows:

General Paralysis Date of onset \_\_\_\_\_  
83A  
83B 82W  
Other contributory causes of importance: Apoplexy

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No 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) D. G. Mitchell, M. D.  
(Address) Cassville Mo.

