

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

Do not use this space.

34142

1. PLACE OF DEATH

County..... Registration District No..... File No.....
Township..... Primary Registration District No..... Registered No. **9496**
City **St. Louis** (No. **8547**) **Church Road** St. Ward)

2. FULL NAME

(a) Residence, No. **8547 Church Road**, **8** 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Robert L. Gowan</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov. 28, 1884</i>		
7. AGE	YEARS <i>47</i>	MONTHS <i>10</i>
	DAYS <i>26</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>At Home</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>235</i>	
	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) <i>Missouri</i>		
FATHER	13. NAME <i>William T. Hudson</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>	
MOTHER	15. MAIDEN NAME <i>Allie Lerary</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>	
17. INFORMANT (ADDRESS) <i>Robert L. Gowan 8547 Church Road</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Friedens</i>	DATE <i>Oct. 27 1933</i>	
19. UNDERTAKER (ADDRESS) <i>W. H. Germany & Son 3161 East Park Dr.</i>		
20. FILED <i>Oct 26 1933</i>	Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 24 1933*

22. I HEREBY CERTIFY, That I attended deceased from *9:19* ^{*10:32*} to *10:24* ^{*10:32*} 19*33*

I last saw *her* alive on *10/24*, 19... Death is said to have occurred on the date stated above, at *3:20 P.M.*

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

Hodgkins Disease 1930
7234
723 ①

Date of onset

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? *Yes*
If so, specify.....
(Signed) *W. H. Chopin* M. D.
(Address) *8321 N. Blvd*

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.

