

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.

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

Do not use this space.

1288

1. PLACE OF DEATH
 48 County Jackson Registration District No. _____
 10 Township How Primary Registration District No. _____
 9 City St. Louis (No. 1726 Fuller) St. _____ Ward _____
 Registered No. 18

2. FULL NAME Jewell Alberta Foster Hudson
 (a) Residence, No. 1726 Fuller St. 12 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 Fe 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 Eli North Hudson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9 - 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 10 23

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.
 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) Texas

FATHER
 13. NAME a. a. Foster
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tex

MOTHER
 15. MAIDEN NAME Sona Foster
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT Eli W Hudson (ADDRESS) 1726 Fuller

18. BURIAL, CREMATION, OR REMOVAL PLACE Abelard Tex DATE Jan 5, 1933

19. UNDERTAKER Porty Henderson (ADDRESS) 1726 Fuller

20. FILED Jan 3 1933 M. M. Carome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1930, 1930, to Dec Jan. 1, 1932.
 Last saw her alive on Jan 1, 1932. Death is said to have occurred on the date stated above, at 3:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Ascariasis Date of onset 1930
43A
43
 Other contributory causes of importance:

Name of operation Removal mesenteric lymph Date of June 1930
 What test confirmed diagnosis Micro Was there an autopsy? Yes

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) A. M. Keegler M. D.
 (Address) 406 W. 34th St. Kansas City, Mo.

Dr. A. M. Sneyden
Med. Art. Vol. 10

1726

Miller

Anderson