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.

JUN 24 1933

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

Do not use this space.

18721

File No.

Registered No. 107

1. PLACE OF DEATH

County Vernon — Registration District No. 875

Township — Primary Registration District No. 6162

City (No. , St. Ward)

2. FULL NAME Nora Alice Hudspeth

(a) Residence, No. State Hospital #3 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William R. Hudspeth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23 1852

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
80	11	12	

OCCUPATION

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

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) N. Carolina

FATHER

13. NAME Le Andrew King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

MOTHER

15. MAIDEN NAME E. R. Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

17. INFORMANT (ADDRESS) State Hospital #3 Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL State Hospital #3 DATE May 8 1933

19. UNDERTAKER (ADDRESS) John E. Myers Nevada, Mo.

20. FILED 5/12 1933 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1933, to May 6, 1933

I last saw her alive on May 6, 1933. Death is said to have occurred on the date stated above, at 3:40 p.m.

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

	Date of onset
93C	
97 Ch. myocarditis	?
98	

Other contributory causes of importance:

Arteriosclerosis	?

Name of operation Date of

What test confirmed diagnosis? Clinical 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) K. Swetoff, M. D.

(Address) State Hospital #3

Rev. H. Blemings
Calhoun, Mo