

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

Do not use this space.

19873

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Naw Primary Registration District No. 3538 Montg 1002
City Kansas City No. 3538 Montg 1002

File No. _____
Registered No. 2538 Ward _____
St. _____

2. FULL NAME

(a) Residence, No. 3538 Montgal 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 Male 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose B. Hudson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18 - 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>59</u>	<u>4</u>	<u>2</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	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
	<u>retired</u>	<u>Carpenter</u>		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette Mo.

FATHER 13. NAME John Hudson

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Mary Kirby

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo.

17. INFORMANT Rose B. Hudson (ADDRESS) 3538 Montgal

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Meriah DATE June 22, 1933

19. UNDERTAKER Eylaw Funeral Home (ADDRESS) 76 E. Mo

20. FILED 6-21 B. M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1933

22. I HEREBY CERTIFY That I attended deceased from May 1st, 1933 to June 20th, 1933

I last saw him alive on June 20th, 1933 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Valvular Lesion of Heart Date of onset _____
With a Regurgitation 90%
Protsey following

Other contributory causes of importance: _____

Name of operation no Date of no
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? _____
If so, specify _____
(Signed) E. H. Henderson, M. D.
(Address) 3538 Montgal

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.

Dr. Edwin F. Herndon 3528 Montgal Ln 3321

|| Allen L. Harvest Prof. Bldg. Sta. 8746
421 W. 59 Ter Hi 6110