

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

Do not use this space.

25937

**1. PLACE OF DEATH**

23 County Clark Registration District No. 190 File No. \_\_\_\_\_  
 Township Jackson Primary Registration District No. 5274 Registered No. 50  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** x Claud C. Dudley  
 (a) Residence, No. 211 S. Maple St. \_\_\_\_\_ Ward. Hannibal Mo.  
 (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** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Lena Dudley

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** July 7, 1870

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 11 0

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

**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** Electrical Supply

**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)** X Marion Co. Missouri

**13. NAME** James R. Dudley

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** No data Kentucky

**15. MAIDEN NAME** Sarah Waller Rodes

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** No data Kentucky

**17. INFORMANT** Mrs. Lena Dudley (Wife)  
 (ADDRESS) 211 S. Maple, Hannibal, Mo.

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Providence, Marion Co Aug. 9, 1933

**19. UNDERTAKER** Wm M. Smith  
 (ADDRESS) 211 S. Hannibal, Missouri

**20. FILED** 7 1933 J. M. Bridson  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Aug. 7<sup>th</sup> 1933

**22. I HEREBY CERTIFY**, That I attended deceased from Aug. 7<sup>th</sup>, 1933 to Aug. 7<sup>th</sup>, 1933.

I last saw him alive on Aug. 7<sup>th</sup>, 1933 Death is said

to have occurred on the date stated above, at 1:50 PM

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

Acute Dilatation of the heart Date of onset \_\_\_\_\_

(Was pushing an automobile which was stuck in the mud when all at once he became sick and faint and died about two hours later)

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?** \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. M. Bridson, M. D.  
 (Address) Kahoka, Missouri

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.

SEP 26 1933

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APR 28 1951