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

Do not use this space.

27015

1. PLACE OF DEATH

64 County Marion — Registration District No. 547 — File No.

1 Township Mason — Primary Registration District No. 3079 — Registered No. 248

8 City Hannibal (No. 423 S. Section St. 5th Ward)

2. FULL NAME Carrie Hudson

(a) Residence, No. 423 S. Section 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.

SEP 26 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unk

7. AGE: Years 67 | Months | Days | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

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

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): St Louis Mo

FATHER

13. NAME: Ambros Hudson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER

15. MAIDEN NAME: —

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): —

17. INFORMANT (ADDRESS): Mrs Ardell McGerry 423 S Section

18. BURIAL, CREMATION, OR REMOVAL: Mo.
PLACE Louisiana DATE 8-23, 1933

19. UNDERTAKER (ADDRESS): Geo E Roberts. Hannibal

20. FILED Aug 23, 1933 R M Schooler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-20, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7 a.m.

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

	Date of onset
Found Dead	
Probably Myocarditis	
93D	

Other contributory causes of importance: 2013

Name of operation: — Date of: —

What test confirmed diagnosis? — 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? (death) Hannibal Marion Co., Mo. (Specify city of town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home of Ardella McGerry, Daughter

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Arl C. Schwartz, M.D.

(Address) Hannibal, Mo.

~~Coroner, Marion Co., Mo.~~

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.