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.

1. PLACE OF DEATH
20 County Cedar — Registration District No. 163 — File No. 35940
Township — Primary Registration District No. 4095 — Registered No. 65
1 City El Dorado Springs, St. Ward)
2 2. FULL NAME Dana D. Hudson
(a) Residence, No. 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: Female
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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13 1846
7. AGE: YEARS 87 — MONTHS 4 — DAYS 27 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Missouri

FATHER
13. NAME Robert H. Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Sarah Allen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Mrs. Herbert Kibler, El Dorado Springs, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE El Dorado Springs DATE Nov. 11 1933
19. UNDERTAKER (ADDRESS) Allen V. Hays, Nevada Mo.
20. FILED 11-10- 1933 J. W. Dawson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov- 9- 1933
22. I HEREBY CERTIFY, That I attended deceased from Nov- 6- 1933, to Nov- 9- 1933
I last saw her alive on Nov- 9 1933. Death is said to have occurred on the date stated above, at 10 25 am.
The principal cause of death and related causes of importance were as follows:
Bad Heart with no resisting power on account of age.
Cortic Insufficiency
Other contributory causes of importance:
Old age
Date of onset
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? (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) W. A. McDonald, M. D.
(Address) Cedar Spgs Mo.