

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

Do not use this space.

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JAN 26 1934
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1. PLACE OF DEATH

County Liberty
Township Liberty
City (No.) (St. Ward)

Registration District No. 201
Primary Registration District No. 5280

File No.
Registered No.

2. FULL NAME Ember 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-6-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 9 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Mo.

MOTHER 13. NAME Wm. N. Hudson

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

15. MAIDEN NAME Sarah Dean

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mrs. John Davidson Liberty Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bany Ben DATE 12-3 1933

19. UNDERTAKER (ADDRESS) Thos. Herald Liberty Mo.

20. FILED 12-3 1933 E T Brent Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug-2 1933, to Dec-2 1933
I last saw him alive on Dec 2 1933. Death is said to have occurred on the date stated above, at 12 m. noon

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

Cerebrum & Prostate atrophy of Rinn last known used 2 or 3 yrs. 51 C

Other contributory causes of importance: 51

Name of operation X Date of Y
What test confirmed diagnosis? Was there an autopsy? Y

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 1933
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 Yes

(Signed) John M. S. J. M. D.
(Address) Liberty - Mo

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2

