

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

Do not use this space.

40270

1. PLACE OF DEATH  
 County Johnson Registration District No. 399  
 Township Maun Primary Registration District No. 1002  
 City Kansas City No. 4436 Brooklyn Ward.  
 2. FULL NAME ella Hudson  
 (a) Residence, No. 4436 Brooklyn (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 <u>fe</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ellen Hudson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 7, 1880</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>8</u>
	DAYS <u>17</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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) <u>mo.</u>		
MOTHER	13. NAME <u>M. Cochran</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>	
	15. MAIDEN NAME <u>Nancy Eckman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT <u>Mrs. Ray Gordon</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Wash</u> DATE <u>Dec 27, 1933</u>		
19. UNDERTAKER <u>Mrs. E. L. Foster</u> (ADDRESS) <u>918 Brooklyn, Ark</u>		
20. FILED <u>Dec 27, 1933</u> <u>M. M. Crowe</u> Regist. Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1932 to Dec 24, 1933  
 I last saw h. & r. alive on Dec 23, 1933 Death is said to have occurred on the date stated above, at 3:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Bronchitis  
chronic  
930  
1930  
 Other contributory causes of importance: myocarditis chronic  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical only Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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) H. H. Lane, M. D.  
 (Address) 824 Rialto Bldg

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.

JAN 26 1934

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