FEB 27 1934

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

Do not use this space.

1647

File No.
Registered No. 13

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1. PLACE OF DEATH
County Jasper
Registration District No. 417
Township
Primary Registration District No. 3021
City Webb City (No. , St. Ward)

2. FULL NAME Gary Hudgens

(a) Residence, No. 1128 Nelson 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 10 1930

7. AGE: Years 3 | Months 2 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child
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): Picher Okla.

FATHER
13. NAME: Ray Hudgens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Lena Marsh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Ray Hudgens, Webb City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Alba Vineland DATE: Jan 31, 1934

19. UNDERTAKER (ADDRESS): Webb City Undt. Co. Webb City Mo.

20. FILED 1-31, 1934 J. R. Craig Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1:45 AM, 1934, to Jan 30 1934 5 AM, 1934
I last saw h. alive on 5 AM Jan 30, 1934. Death is said to have occurred on the date stated above, at 7:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal Diphtheria	

Other contributory causes of importance:

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) C. T. Gregory, M. D.
(Address) Webb City, Mo.