

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.

01-
FEB 27 1934

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

Do not use this space.

1. PLACE OF DEATH

County Adair Registration District No. 4 File No. 3779
 Township _____ Primary Registration District No. 3001 Registered No. 26
 City Kirkville (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 575 S. Elson St. 3 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-18-1932</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>2</u>
		DAYS
		<u>14</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) Kirkville
 (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Earl Hudson

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

MOTHER 15. MAIDEN NAME Bessie Smith

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

17. INFORMANT Mrs. Grace M. Ruler
 (ADDRESS) Kirkville Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Highland Park DATE 2-4-1934

19. UNDERTAKER Dee Riley
 (ADDRESS) Kirkville Mo

20. FILED Feb 10 1934 Spencer Freeman
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1934
 22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1934 to Feb 2 1934
 I last saw him alive on Feb 2 1934. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:
cerebral meningitis
(not epidemic)

Other contributory causes of importance:
a fall from bed

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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 _____ 1934
 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) John F. Rodson M. D.
Kirkville Mo

