WHITE 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.

25 1934

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

Do not use this space.

1. PLACE OF DEATH
County Boone — Registration District No. 73 — File No. 7827
Township [illegible] — Primary Registration District No. 5112 — Registered No. 85
City Columbia (No. ..... St. ..... Ward)

2. FULL NAME Elias Hudnell
(a) Residence, No. Route 5 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): Widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND ~~OF~~ (OR) ~~WIFE OF~~: Sallie McBaine 2nd Hannie Quake Hudnell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 25 1851

7. AGE: YEARS 82 — MONTHS 5 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: FARMER
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): Sullivan Co Mo

FATHER
13. NAME: Spencer Hudnell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Rebecca Donoho
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): A C Hudnell

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Providence DATE Mar. 29 1934

19. UNDERTAKER (ADDRESS): R. O. Willett Columbia Mo

20. FILED 3/29/1934 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 27th, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1934, to Mar 24th, 1934
I last saw him alive on Mar 26th, 1934 Death is said to have occurred on the date stated above, at 9:20 P.m.
The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation of heart — Date of onset

929

Other contributory causes of importance: Senility

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? NO
If so, specify .....
(Signed) Lloyd Simpson, M. D.
(Address) Columbia Missouri