

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

Do not use this space.

**1. PLACE OF DEATH**

County Audwan  
Township Salmon  
City Mexico Mo (No. ....)

Registration District No. 26  
Primary Registration District No. 3034

File No. 19390  
Registered No. 70  
St. .... Ward)

**2. FULL NAME** Frank A. Mudd

(a) Residence, No. W.T.D. #4 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 Rose Mudd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 9 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Monroe County, Mo

13. NAME Patrick Mudd

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

15. MAIDEN NAME Barbara Peirce

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

17. INFORMANT (ADDRESS) Pat Mudd

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cemetery DATE June 1934

19. UNDERTAKER (ADDRESS) H. S. Priddy & Son  
Mexico Mo.

20. FILED June 4, 1934 Blanche Neely  
Registrar

**2. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2<sup>d</sup>, 1934

22. I HEREBY CERTIFY That I attended deceased from 200 hrs the past 15 years. ...., 19....  
I last saw him alive on About May 21, 1934. Death is said to have occurred on the date stated above, 11:30 P.M.

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

cerebral hemorrhage  
Several attacks the past year  
Other contributory causes of importance  
arteriosclerosis

Name of operation gual Date of June 1934  
What test confirmed diagnosis? chemical analysis

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury June 1934

Where did injury occur? at home  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall  
Nature of injury fracture of skull

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify

(Signed) Robert Berry, M. D.  
(Address) Mexico Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 12 1934

