

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.

17
3
4
JUL 12 1934

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

Do not use this space.

1. PLACE OF DEATH

County Carroll Registration District No. 135
Township Carrollton Primary Registration District No. 3010
City Carrollton (No. _____) St. _____ Ward _____

File No. 19761
Registered No. 58

2. FULL NAME

Harry W Hudson

(a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Elizabeth Craig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-26-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 | 5 | 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. auctioneer

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) Saline County Mo

13. NAME Land Hudson

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

15. MAIDEN NAME Amanda Pierson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County Mo

17. INFORMANT (ADDRESS) Miss Janet Craig Carrollton Mo

18. BURIAL, CREMATION, OR REMOVAL Arrow Rock Mo DATE 6-21-34

19. UNDERTAKER (ADDRESS) Standard Mortuary Carrollton Mo

20. FILED 6-20-34 North Hoskins Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-19-1934

22. I HEREBY CERTIFY That I attended deceased from May 27, 1934, to June 19, 1934

I last saw him alive on June 19, 1934 Death is said to have occurred on the date stated above, at 7:00 AM

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

Lobar Pneumonia
106
115A 108
Date of onset 6/16/34

Other contributory causes of importance: Septic sore throat

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) William G. Alwood, M. D.
(Address) Carrollton Mo

