FEB 22 1938

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

Do not use this space.

745

1. PLACE OF DEATH

County Dent — Registration District No. 266 — File No.

Township — Primary Registration District No. 4164 — Registered No. 84 4

City Salem Mo (No. , St. Ward)

2. FULL NAME Edward Loyd Judd

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9 1934

7. AGE — YEARS --X — MONTHS 5 — DAYS 12 — 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) Dent Mo

FATHER
13. NAME Wilmer Judd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem Mo

MOTHER
15. MAIDEN NAME Lois Blackwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas Co Mo

17. INFORMANT (ADDRESS) Mrs Judd Salem Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stagner Cem DATE 1/22/35 19

19. UNDERTAKER (ADDRESS) Carl K Srencer Salem Mo

20. FILED 1/22/ 1935 W. E. Rudd, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1935, to Jan 21, 1935
I last saw him alive on Jan 21, 1935. Death is said to have occurred on the date stated above, at 2:20 P.M.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset Jan 4, 35

107 [illegible]

Other contributory causes of importance: Severe Cold — Jan 1, 35

Name of operation None Date of ✓
What test confirmed diagnosis? casual dyspnea there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) W. G. Dillon, M. D.
(Address) Salem Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PLYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.