

JUN 27 1935

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

Do not use this space.

15848

1. PLACE OF DEATH

County Adair Registration District No. 113-703
Township Adair Primary Registration District No. 113-703
City Dummegean (No. 113-703) St. Adair Ward 1

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Thomas Jefferson Fudge

(a) Residence, No. Dummegean, Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 1 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 1862

7. AGE YEARS 72 MONTHS 10 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jillonia

13. NAME Adam E. Fudge

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

15. MAIDEN NAME Martha E. Wood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jillonia Virginia

17. INFORMANT (ADDRESS) Mary Fudge

18. BURIAL, CREMATION, OR REMOVAL PLACE Deep water DATE 5/23 1935

19. UNDERTAKER (ADDRESS) Paul W. Williams

20. FILED May 25 1935 Ora M. Rich Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him alive on Oct, 1934 Death is said

to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:

Probable cerebral thrombosis 14/8/35

Other contributory causes of importance: _____

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) R. E. Williams M. D.
(Address) Dummegean, Mo.

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.



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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Cedar
Township Jefferson Twp
City _____ (No. _____)

Registration District No. 165-
Primary Registration District No. 5-230

File No. July 26-1935
Registered No. 121
St. _____ Ward _____

2. FULL NAME

Thomas Jefferson Fudge

(a) Residence, No. Wunnegau, Mo. St. Ward. _____
(Usual place of abode) Wunnegau

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
I last saw h. _____ alive on Oct, 1934 Death is said to have occurred on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 1869
7. AGE YEARS 72 MONTHS 10 DAYS 7 If LESS than 1 day, hrs. or min.

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

Probable Cerebral Hemorrhage Date of onset 1 yr 8 mo.

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 18

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

FATHER 13. NAME Adam G. Fudge
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

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.

MOTHER 15. MAIDEN NAME Martha Wood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mary Fudge Wunnegau Missouri

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Respuater DATE 5-23 1935

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

19. UNDERTAKER (ADDRESS) Fred Wilkinson Clinton Missouri

(Signed) R. C. Nevins, M. D.
(Address) Wunnegauville

20. FILED July 26, 1935 J. A. Brown Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death information should be carefully supplied. Age should be stated EXACTLY. FATHER'S NAME should state

JUL 10 1935

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