

JUN 25 1935

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

Do not use this space.

17119

1. PLACE OF DEATH

County Marion
Township Mason
City Hannibal (No. 2015, Hope)

Registration District No. 547
Primary Registration District No. 3079

File No. _____
Registered No. 150
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2015 Hope 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 Female 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 Benjamin Clay Hudson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 5 10

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

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) Rossiana Missouri

13. NAME Peter Headrick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Missouri

15. MAIDEN NAME Martha Henry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Missouri

17. INFORMANT Curtis Hudson, Son (ADDRESS) 2015 Hope Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Louisiana, Mo DATE May 18, 1935

19. UNDERTAKER Wm M. Smith (ADDRESS) Hannibal, Missouri

20. FILED May 16, 1935 R. H. Sobole Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1934, to May 15, 1935. Last saw her alive on May 15, 1935. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Cancer of Pancreas Date of onset 1934

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? Autopsy Was 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? no

If so, specify _____

(Signed) A. E. Shaver, M.D.

(Address) Hannibal, 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.

