

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1. PLACE OF DEATH JUL 12 1935

County St. Louis

Registration District No. 791

Township St. Louis

Primary Registration District No. 1003

City St. Louis (No. 7274)

City St. Louis

File No. 21338

Registered No. 5326

2. FULL NAME

George Judd

(a) Residence, No. 823 a
(Usual place of abode)

St. Salmon Ward 25

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/18 1935

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

22. I HEREBY CERTIFY That I attended deceased from 6/18 1935 to 6/18 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9 1931

I last saw him live on 6/18 1935. Death is said to have occurred on the date stated above, at 11:45 a.m.

7. AGE YEARS 4 MONTHS 2 DAYS 9 If LESS than 1 day, hrs. or min.

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

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

Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Pneumonia, lobar

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance: 108

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Geo E Judd

Name of operation Date of

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

What test confirmed diagnosis? Was there an autopsy? no

15. MAIDEN NAME Marie Travis

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton Mo

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT St. Louis Mo

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet DATE June 21 1935

Manner of injury Nature of injury

19. UNDERTAKER Bonsch Heberichs

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

20. FILED JUN 20 1935

(Signed) W. F. Quabbeugh M. D.

(Address) City

Registrar

