Certificate

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

AUG 20 1935

Do not use this space.

23988

File No. 218

Registered No. 668

1. PLACE OF DEATH

County: Pettis — Registration District No. 668

Township: — Primary Registration District No. 3032

City: Sedalia (No. 1216 S. Kentucky St. Ward)

2. FULL NAME: Aloysius Lee Mudd

(a) Residence, No. 1216 S. Ky. 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: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 19, 1862

7. AGE: Years 72 — Months 11 — Days 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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): Missouri

FATHER

13. NAME: J. F. Mudd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DK

MOTHER

15. MAIDEN NAME: Kirkpatrick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DK

17. INFORMANT: Mrs. A. L. Mudd
(ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mem. Park DATE July 9, 1935

19. UNDERTAKER: Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.

20. FILED July 8, 1935 Jean Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1935, to July 7th, 1935.
I last saw h~~im~~ alive on July 7th, 1935. Death is said to have occurred on the date stated above, at 1:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Nephritis	about Jan 1st 1935

Other contributory causes of importance:

Name of operation: None — Date of:
What test confirmed diagnosis? Findings Was there an autopsy? No

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? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury:
Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:

(Signed) Jno B Carlisle M. D.
7/8/35 (Address) 314 Ohio St. Sedalia Mo

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.

100M-11-24-33