

OCT 28 1935

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

Do not use this space.

31533

1. PLACE OF DEATH

County

Marshall

Registration District No.

796

Township

City

Wasson Marshall

Primary Registration District No.

3038

Putnam Hospital

File No.

Registered No.

142

St.

Ward)

2. FULL NAME

Howard Alving Juders

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

Male

4. COLOR OR RACE

White

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

Single

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

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

May 29, 1921

7. AGE

YEARS

14

MONTHS

4

DAYS

21

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.

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)

*Marshall Mo
Saline County*

FATHER

13. NAME

George Madison Juders

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

Don't know

MOTHER

15. MAIDEN NAME

Clementine Minnie Waring

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

Indian Territory

17. INFORMANT (ADDRESS)

*Clementine M. Juders
Glasgow*

18. BURIAL, CREMATION, OR REMOVAL PLACE

Marshall Mo Ridge Park

19. UNDERTAKER (ADDRESS)

*Joseph A. Carl
Glasgow Mo*

20. FILED

*Sept 20, 1935**Helena Huston
Deputy Registrar*

MEDICAL CERTIFICATE OF DEATH

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

Sept 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from

*Sept 18, 1935 to Sept 19, 1935*I last saw him alive on *Sept 18, 1935* Death is saidto have occurred on the date stated above, at *4:45 a.m.*

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

Date of onset

Fracture of Skull

Other contributory causes of importance:

Concussion of brain

Name of operation

Date of

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *Accident* Date of injury *9-18, 1935*Where did injury occur? *Glasgow Mo*
(Specify city or town, county, and State)

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

*On highway in front of frame building
in Glasgow, struck by bus*Manner of injury *Fractured skull*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *H. Putnam*, M. D.(Address) *Marshall 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.

