

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.

1935 13 1935

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

Do not use this space.

38625

1. PLACE OF DEATH  
 County Buchanan Registration District No. 2001  
 Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
 City St. Joseph, Mo. (No. Sunny Slope) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Samuel Walker Judkins  
 (a) Residence, No. 1115 Fifth Ave. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 28, 1885</u>					
7. AGE	YEARS <u>50</u>	MONTHS <u>2</u>	DAYS <u>12</u>	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. <u>Swifts</u>				
	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) <u>Harrison County Missouri</u>					
FATHER	13. NAME <u>James Judkins</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Kentucky</u>				
	15. MAIDEN NAME <u>Nancy Hall</u>				
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown MO.</u>				
	17. INFORMANT <u>Mrs. Geo. Heath</u> (ADDRESS) <u>Sheridan, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Parnell, Mo.</u> DATE <u>Dec. 12, 1935</u>					
19. UNDERTAKER <u>FLEEMAN &amp; SON INC.</u> (ADDRESS)					
20. FILED <u>1272-35</u> 19 <u>35</u> <u>John R. Bouders</u> Registrar.					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935 to Dec. 10, 1935.  
 I last saw him alive on Dec. 10, 1935. Death is said to have occurred on the date stated above, at 11 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Pneumonia T.B. Date of onset \_\_\_\_\_

Other contributory causes of importance:  
13

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? T. Ray Clinical Was there an autopsy? NO

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) J. Smith M. D.  
 (Address) 26 Bluff St. Joplin, Mo.

