

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

Do not use this space.

16100

1. PLACE OF DEATH

County Monroe

Registration District No. 581

Township Monroe City

Primary Registration District No. 4343

City Monroe City (No.)

St. Lawn

File No.

Registered No. 17

St. 3 Ward

2. FULL NAME

Earnest Bruce Mudd

(a) Residence, No. Lawn St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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) Married

5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Ellen Mudd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21-1868

7. AGE YEARS 67 MONTHS 5 DAYS 3 If LESS than 1 day, hrs. or min.

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

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) Monroe Co Mo.

FATHER 13. NAME James F. Mudd

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

MOTHER 15. MAIDEN NAME Harriett Elders

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

17. INFORMANT (ADDRESS) Mrs Edmon Fanning Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL Halls Chapel DATE April 27 1936

19. UNDERTAKER (ADDRESS) Wilson & Sons - Monroe City Mo.

20. FILED 4/25 1936 W D Peppkin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April-24 1936

22. I HEREBY CERTIFY, that I attended deceased from Oct 5th 1935 to Apr 24th 1936

I last saw him alive on April 12th 1936 Death is said to have occurred on the date stated above, at 12:30 m.

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

In myocarditis

Date of onset

93d

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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

It is signed Wm A Malley M. D. Monroe City

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.

