

JUL 29 1936

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

Do not use this space.

25234

1. PLACE OF DEATH

County Stoddard
Township _____
City Dexter (No. _____, St. _____, Ward _____)

Registration District No. 838
Primary Registration District No. 4509

File No. 29
Registered No. _____

2. FULL NAME Martha J. Hudson

(a) Residence, No. _____, St. _____, Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Breckenridge Hudson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 5, 1862</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>3</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. <u>Retired</u>
	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) Evansville, Ind.
(STATE OR COUNTRY)

MOTHER FATHER 13. NAME W. J. Southwell

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

MOTHER 15. MAIDEN NAME Maria Berry

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

17. INFORMANT Mrs. Presley Pruitt
(ADDRESS) Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hill Cem. DATE 6/19/36 19. _____

19. UNDERTAKER Blankenship-Strickland
(ADDRESS) Dexter, Mo.

20. FILED 7-10 19. 36 Alice Norman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/17/36 19. 36

22. I HEREBY CERTIFY, That I attended deceased from 6-13-1936 to 6-17-1936
I last saw him alive on 6-16-1936 Death is said to have occurred on the date stated above, at 11:20 am
The principal cause of death and related causes of importance were as follows:

Acute diarrhea and Colitis.

Other contributory causes of importance: Semility

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical 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) Frank Hatter, M. D.
(Address) Dexter Mo

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.

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