

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.

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

Do not use this space.

AUG 17 1936

1425833

1. PLACE OF DEATH

County Carroll

Registration District No. 135

Township Walter

Primary Registration District No. 50902

City Walter (No.     )

St.      Ward     

File No.     

Registered No. 85

2. FULL NAME Marquet Lee Hudson

(a) Residence, No.      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

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)     

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-28-1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2

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) Walter, Mo.

13. NAME John L. Hudson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co. Mo.

15. MAIDEN NAME Opal M. Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co. Mo.

17. INFORMANT (ADDRESS) John L. Hudson, No. 3 Carrollton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 8-1-1936

19. UNDERTAKER (ADDRESS) Standley, Carrollton, Mo.

20. FILED 7-31-1936 Auto Haskins Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1936

22. I HEREBY CERTIFY That I attended deceased from 7-29, 1936 to 7-30, 1936

I last saw her alive on 7-30, 1936 Death is said to have occurred on the date stated above, at 2:00 P.M.

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

Prematurity (6 months) Date of onset 159

Other contributory causes of importance:       
Name of operation      Date of       
What test confirmed diagnosis?      Was there an autopsy?     

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?       
If so, specify       
(Signed) A. B. Jones, M. D.  
(Address) Carrollton, Mo.

