SEP 18 1936

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

Do not use this space.

30005

1. PLACE OF DEATH

County BUCHANAN — Registration District No. 85 — File No.

Township ~~WASHINGTON~~ — Primary Registration District No. 1001 — Registered No. 1111

City ST. JOSEPH, MO. (No. ST. JOSEPH HOSPITAL St. Ward)

2. FULL NAME AMBROSE JUDD

(a) Residence, No. 6211 BROWN ST. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): DEC. 16, 1860

7. AGE: YEARS 75 — MONTHS 8 — DAYS 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: RETIRED CCATTLE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: DEALER
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): KENTUCKY

FATHER

13. NAME: DANIEL T. JUDD
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KENTUCKY

MOTHER

15. MAIDEN NAME: ELIZ MARK SMITH
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KENTUCKY

17. INFORMANT (ADDRESS): MRS. C. E. POE, NIECE ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE KANSAS CITY, KANS DATE Aug. 28, 1936

19. UNDERTAKER (ADDRESS): FLEEMAN & SON, INC. 1946 COLHOUN

20. FILED Aug 26 1936 H J Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): AUGUST 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug-17- 1936, to Aug-25, 1936
I last saw him alive on Aug-25, 1936. Death is said to have occurred on the date stated above, at 6:40 P.M.
The principal cause of death and related causes of importance were as follows:

Coronary Disease
Sclerosis

Date of onset: ?

Other contributory causes of importance:
Miliary Tuberculosis

Name of operation none Date of
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) T. L. Howden, M. D.
(Address) 419 Kirkpatrick Bldg St Joseph 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.