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.

[illegible] 3 1937

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

Do not use this space.

44341

1. PLACE OF DEATH
County Pasquade — Registration District No. 991
Township 3rd Creek — Primary Registration District No. 5419
City Bland (No. R.F.D. Mo. St. Ward)

File No.
Registered No.

2. FULL NAME Alma Henrrette Judeman
(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

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Edward C. Judeman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-28 1907
7. AGE YEARS 29 MONTHS 1 DAYS 15 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Bland, Mo.

FATHER
13. NAME H. F. Czeschin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bland, Mo

MOTHER
15. MAIDEN NAME Mary Czeschin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bland, Mo.

17. INFORMANT (ADDRESS) Edward Judeman
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bland, Mo DATE Dec 16, 1936
19. UNDERTAKER (ADDRESS) Sassmans. Bland, Mo.
20. FILED 12/15, 1936 J. C. Price Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13, 1936
22. I HEREBY CERTIFY, That I attended deceased from 11-10-, 1936, to 12-13-, 1936
I last saw her alive on 12-13, 1936. Death is said to have occurred on the date stated above, at 4:45 p.m.
The principal cause of death and related causes of importance were as follows:

Tuberculosis of Throat — Date of onset

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) Edw Mellies, M. D.
(Address) Owensville Mo

FEB 7 1943

JUL 26 1948