

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

Do not use this space.

47412

JAN 27 1937

1. PLACE OF DEATH

County Vernon

Registration District No. 871

Township Metz

Primary Registration District No. 6-154

City Metz (No. 24-5)

File No. _____

Registered No. 20

St. _____ Ward _____

2. FULL NAME

Mary 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-21-1915

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>21</u>	<u>10</u>	<u>29</u>	

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

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) Metz
(STATE OR COUNTRY) Mo.

13. NAME William E. Hudson

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

15. MAIDEN NAME Vesta Campbell

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

17. INFORMANT Mrs. W. E. Hudson
(ADDRESS) Metz Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Prva Creek DATE Dec. 13 1936

19. UNDERTAKER Paul & Reasley
(ADDRESS) Rich Hill Mo.

20. FILED Dec 11 1936 G. M. Munson, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1936, to Dec 10, 1936.

I last saw her alive on Dec 4, 1936. Death is said to have occurred on the date stated above, at 6:00 a.m.

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

Cause Myocardial Infarction

Date of onset 2 weeks

NO

Other contributory causes of importance: Septic sore throat

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? No

If so, specify _____

(Signed) V. C. [Signature] S. H. [Signature] M. D.

(Address) [Address]

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

