FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH
96 County St Louis — Registration District No. 784 — File No. 2905
Township St Ferdinand — Primary Registration District No. 6030 8 — Registered No. 2
City ~~Jennings county~~ (No. Elm Convalescent Home St. ..... Ward)

2. FULL NAME Kathryn Hudron
(a) Residence, No. Elm Convalescent Home (Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred — yrs. — mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Gus Hudron

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 28 1852

7. AGE: YEARS 84 — MONTHS 1 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
10. Date deceased last worked at this occupation (month and year): 1932
11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

FATHER
13. NAME: Dont Know 31
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): 31

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

17. INFORMANT (ADDRESS): Gus Hudron Overland Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Edwardsville Ill DATE Jan 3 1937

19. UNDERTAKER (ADDRESS): E. P. Schneider Edwardsville Ill

20. FILED 1-3 1937 W. A. Zeitler Registrar. Per C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 3 1937

22. I HEREBY CERTIFY That I attended deceased from Dec 15, 1936, to Jan 3, 1937
I last saw her alive on Dec 30, 1936 Death is said to have occurred on the date stated above, at 7:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1934
Other contributory causes of importance: Ascites	Sept '36

Name of operation: none Date of
What test confirmed diagnosis: clinical 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) E M Schmidt, M. D.
(Address) 6704 W Florissant

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] PLEASE WITH UNFADING INK—THIS IS A PERMANENT RECORD