CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 25 1937

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

Do not use this space.

File No. 7798

Registered No. 79

1. PLACE OF DEATH
County Randolph
Township
City Moberly, (No. , St. Ward)

Registration District No. 735
Primary Registration District No. 3034

2. FULL NAME Freddie Lee Hudson,

(a) Residence, No. 507 Taylor 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. 2 mos. 8 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):

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 - 1936

7. AGE: Years | Months: 2 | Days: 8 | If LESS than 1 day, hrs. or min.

OCCUPATION
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) Moberly Mo.

FATHER
13. NAME R. E. Hudson,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Renick, Mo.

MOTHER
15. MAIDEN NAME Pearl Kincade,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bevier, Mo.

17. INFORMANT R. E. Hudson,
(ADDRESS) Moberly, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bevier Mo. DATE Jan 5th 37

19. UNDERTAKER Snow Funeral Home,
(ADDRESS) Moberly, Mo.

20. FILED 1/4 37 Virginia [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4- 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 27, 1936, to Jan 4, 1937, I last saw him alive on Jan 4, 1937. Death is said to have occurred on the date stated above, at 10.40 AM.

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

	Date of onset
Bronchila Pneumonia	1-1 37

Other contributory causes of importance:

1072

Name of operation # Date of #
What test confirmed diagnosis? Physical 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) [illegible], M. D.
(Address) [illegible]

1072

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.

1. PLACE OF DEATH
County: Randolph — Registration District No.: 735 — File No.: 7798
Township: — Primary Registration District No.: 3034 — Registered No.:
City: Moberly (No. , St. Ward)

2. FULL NAME: Freddie 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

3. SEX: m
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. AGE — YEARS | MONTHS: 2 | DAYS: 8 | If LESS than 1 day, hrs. or min.

OCCUPATION
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 COUNTY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Jan 5, 1937 Virginia Walker Registrar.
Ethel Clutter

SUPPLEMENTAL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 — 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw h alive on , 19. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchillar Pneumonia	
No Complications	

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) B. S. Talley, ~~M.~~ D.O.
(Address) Moberly Mo.

S-7798