

APR 9 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City - St. Louis, Mo. (No. ....)

Barnes Hospital

791

1003

File No. 10147

Registered No. 2711

St. .... Ward)

## 2. FULL NAME James Frank Hudson

(a) Residence, No. ....  
(Usual place of abode)

St. N.R. Ward. Chetopa, Kansas

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

Married

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

Madolyn Hudson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

March 13th, 1883

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

53

11

23

OCCUPATION

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

Lumber Yard Manager

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) Feb. 15, 193711. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Tennessee

MOTHER

13. NAME Sam Hudson

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

Unknown

15. MAIDEN NAME

Lora Jones

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

Unknown

17. INFORMANT

Mrs Madolyn Hudson

(ADDRESS)

Chetopa, Kansas

18. BURIAL, CREMATION, OR REMOVAL

PLACE Chetopa, Kansas DATE March 9th 1937

19. UNDERTAKER

Albert H. Hoppe Inc.

(ADDRESS)

429 N. Euclid Avenue

20. FILED

Mar 11 1937

J. Bredeck

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

March 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from

March 2, 1937, to March 6, 1937

I last saw him alive on March 6, 1937 Death is said

to have occurred on the date stated above, at 1:50 P.M.

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

BENIGN TUMOR OF BRAIN

Date of onset  
4 mo

Other contributory causes of importance:

Name of operation

Cerebral Craniotomy Date of 3-5-37

What test confirmed diagnosis? Operation 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?

If so, specify

(Signed) Fred C. Reynolds, M. D.

(Address)

BARNES HOSPITAL

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.

2711

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