

APR 21 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Livingston

Registration District No. 512

File No. 12520

Township

Primary Registration District No. 4310

Registered No.

City Mooreville

(No. , St. Ward)

2. FULL NAME Mrs. Melville Hudgins

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 T. M. Hudgins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 62 10 1

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) (STATE OR COUNTRY) Mooreville, Missouri

13. NAME Felix Comstock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mooreville, Missouri

15. MAIDEN NAME Mary Holden

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

17. INFORMANT T. M. Hudgins (ADDRESS) Mooreville, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mooreville DATE 3-11 1937

19. UNDERTAKER F. B. Norman (ADDRESS) Chillicothe, Missouri

20. FILED Mar 10, 1937 Anna Carpenter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15, 1934 to Mar 9, 1937
I last saw her alive on Mar 7, 1937 Death is said to have occurred on the date stated above, at 6:00am

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

Tuberculosis of Lungs Date of onset 1934

Other contributory causes of importance: Tubercular meningitis 2/28/37

Name of operation Autopsy Date of 7/8/36
What test confirmed diagnosis? Micro 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? A. b.
If so, specify

(Signed) [Signature], M. D.
(Address) Chillicothe Mo

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.

