

APR 22 1937

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

Do not use this space.

12590

File No. _____
Registered No. 86
St. _____ Ward _____

1. PLACE OF DEATH

County Mason Registration District No. 527
Township Mason Primary Registration District No. 3079
City Hannibal (No. St. Elizabeth Hospital)

2. FULL NAME

Eva Florence Mudd
(a) Residence, No. Vandale 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 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

James F.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 10 22

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

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) London (STATE OR COUNTRY) no

13. NAME George W. Hawthens

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) no

15. MAIDEN NAME Amanda Hughes

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) no

17. INFORMANT Mrs. John Grace (ADDRESS) 301 W. Hawthens ave. - Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Transmissin Burial DATE March 7th 1937

19. UNDERTAKER James Adonell (ADDRESS) Hannibal Mo

20. FILED Apr 9, 1937 H. O. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5th 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-22, 1937, to 3-5, 1937

I last saw her alive on 3-5-37, 1937. Death is said to have occurred on the date stated above, at 5:45 a.m.

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

Myocarditis Date of onset 1-10-37

Other contributory causes of importance

Kidney Stone

Name of operation Lithotomy Date of 1-22-37
What test confirmed diagnosis? sp Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 1937

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) J. H. Hardisty, M. D.
(Address) Hannibal Mo

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

