APR 29 1937

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

Do not use this space.

File No. 14029
Registered No. 7

1. PLACE OF DEATH
County Wright
Township Gasconade
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 906
Primary Registration District No. 6221

2. FULL NAME John F. Dudley
(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: 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~~ Sallie B. Dudley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-30-1876
7. AGE: Years 60 | Months 11 | Days 22. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) Mar 19 37
11. Total time (years) spent in this occupation 2 mos

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME Steven F. Dudley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Sarah E. Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT Mrs Sallie Dudley
(ADDRESS) Seymour Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Masonic DATE Mar-22 1937

19. UNDERTAKER Kelley-Ferrell
(ADDRESS) Seymour Mo.

20. FILED Mar 26 1937 Colleen Ellis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 19, 1937, to Mar 22, 1937. I last saw h— alive on Mar 21, 1937. Death is said to have occurred on the date stated above, at 11 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis -	2 wk
11B	
Other contributory causes of importance:	
Following Influenza	

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) J. A. Fuson, M. D.
(Address) Mansfield 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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

1 X7284