

MAY 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 399File No. 16575Township Independence MoPrimary Registration District No. 3019Registered No. 153City Independence Mo (No. 804 N. McCoy)St. Mo Ward 2. FULL NAME Jacob Hudson(a) Residence, No. 804 N. McCoy 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

Col

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

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFMarried to Marya Hudson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1870

7. AGE

67

YEARS

MONTHS

unknown

DAYS

If LESS than 1
day, hrs.
or min.

OCCUPATION

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

Labor

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)

Mo

FATHER

13. NAME

Unknown

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

Ky

MOTHER

15. MAIDEN NAME

Unknown

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

KV

17. INFORMANT (ADDRESS)

Mr Chas. Hudson
224 E. Waldo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Woodland

DATE

4-28-37, 19

19. UNDERTAKER (ADDRESS)

H. B. Moore
1820 E. 18th St

20. FILED

4-28-37F. L. Cook
Registrar

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

4-25-37, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 2, 1937, to April 23, 1937I last saw him alive on April 23, 1937. Death is saidto have occurred on the date stated above, at 7:00 a.m.

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

Coronary Heart DiseaseMetastatic Lesions

Date of onset

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)

(Address)

W. H. Moore
1117 E. Milligan

M. D.

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

