

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

Do not use this space.

MAY 27 1937

1. PLACE OF DEATH

County Johnson
Township Madernatt
City..... (No..... St..... Ward)

Registration District No. 429
Primary Registration District No. 5-5-3

File No. 16736
Registered No.....

2. FULL NAME

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

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. (If nonresident, give city or town and State)

Lucinda Evaline Judd

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1937, to April 16, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-17-1866

I last saw her alive on April 16, 1937 Death is said to have occurred on the date stated above, at 3:30 p.m.

7. AGE YEARS 71 MONTHS 1 DAYS 28 If LESS than 1 day, hrs. or min.

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

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

1. Cerebral Hemorrhage Date of onset

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.....

Other contributory causes of importance:
1. Branch of pneumonia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuylers Co. Mo.

13. NAME John Caldwell

Name of operation none Date of.....

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

What test confirmed diagnosis clinical Was there an autopsy? no

15. MAIDEN NAME Whiteside

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury....., 19.....

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

Where did injury occur?..... (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Chas. Judd

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ellis Cem DATE Apr-17 1937

Manner of injury.....

19. UNDERTAKER (ADDRESS) C. J. Sault

Nature of injury.....

20. FILED Apr 16, 1937 J. A. Koch Registrar.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....
(Signed) Edw. C. Reese, M. D.
(Address) Franklin, Mo.

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

