

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

Do not use this space.

**JUN 18 1937**

**1. PLACE OF DEATH**

County Dent Registration District No. 266 File No. 10007  
Township Franklin Primary Registration District No. 5373 Registered No. 36  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs. Francis Melvin Hudspeth

(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 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 F M Hudspeth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 4 18

OCCUPATION 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) (STATE OR COUNTRY) Usage Co MO

FATHER 13. NAME E. M. Morton

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

MOTHER 15. MAIDEN NAME J. Ann Sparks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Usage Co MO

17. INFORMANT Melvin Hudspeth (ADDRESS) DOSS MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Miner Cem. DATE 5/23/37 19.

19. UNDERTAKER Carl & Spencer (ADDRESS) SALEM MO

20. FILED May 27 1937 F. E. Butler M.D. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1937

22. I HEREBY CERTIFY That I attended deceased from May 24, 1937, to May 26, 1937

I last saw her alive on May 24, 1937. Death is said to have occurred on the date stated above, at 1 P m.

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

Myocarditis Date of onset 22 days

Other contributory causes of importance: 45

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Pathology 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 \_\_\_\_\_, 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? No  
If so, specify \_\_\_\_\_  
(Signed) F. E. Butler, M. D.  
(Address) Salem Missouri

Exact statement of OCCUPATION is very important.

