

JUN 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township St. Osage  
City Lab City (No. \_\_\_\_\_)

Registration District No. 396  
Primary Registration District No. 5532

File No. 20252  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Charlie Rice Hudspeth  
(a) Residence, No. Lab City 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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mae Hudspeth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 4 15

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

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) Lab City Mo

13. NAME Joel R. Hudspeth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lab City Mo

15. MAIDEN NAME Sarah Ann Franklin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lab City Mo

17. INFORMANT (ADDRESS) Mary H. Alsea

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardman DATE Jan 8 1937

19. UNDERTAKER (ADDRESS) W. H. Mitchell

20. FILED Jan 7 1937 John W. Robertson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1937

22. I HEREBY CERTIFY That I attended deceased from Oct 20 1936 to Jan 5 1937

I last saw him alive on Jan 5 1937 Death is said to have occurred on the date stated above, at 4 p. m.

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

Carcinoma (Prostate) metastases into liver Date of onset \_\_\_\_\_

Other contributory causes of importance: 51

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? None Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: incident, suicide, or homicide? \_\_\_\_\_ Date of injury 1, 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? NO

If so, specify Jaeger, J. J. M. D.

(Signed) \_\_\_\_\_ (Address) W. H. Mitchell

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.

