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

Do not use this space.

1. PLACE OF DEATH JUL 8 - 1937

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. City Hospital No. 1 St. ..... Ward)

File No. 22199

Registered No. 5951

C 2835

2. FULL NAME Laura Hudgens

(a) Residence, No. 3416 Semple St., 6 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| female | white | married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Hudgens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13, 1871

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 65 | 7 | 4 | |

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) Missouri

FATHER

13. NAME David Alexander

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps County, Missouri

MOTHER

15. MAIDEN NAME Mary Ballard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon, Missouri

17. INFORMANT Hosp. Info. M.H.Kent
(ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Newburg, Mo. DATE June 19th, 19 37

19. UNDERTAKER Albert H. Hoppe Inc.,
(ADDRESS) 429 N. Euclid Avenue

20. FILED JUN 18 1937 J. E. Bredeck
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/17/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/28/37, 19, to 6/17/37, 19

I last saw her alive on 6/17/37, 19 Death is said to have occurred on the date stated above, at 12 noon

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

| | Date of onset |
|---|---|
| Carcinoma of Uterus | |

H.P.

Other contributory causes of importance:
Abscess & necrosis of abdominal wall in & around operative incision

Name of operation Vulvectomy, inguinal dissection Date of Feb 1937

What test confirmed diagnosis? ..... 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 ....., 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) R. Sanderson, M. D.
(Address) City Hospital No.

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.

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