

AUG 25 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County MarionRegistration District No. 547Township MasonPrimary Registration District No. 2029City HannibalNo. 201SummitFile No. 27748Registered No. 105

St.

Ward

## 2. FULL NAME

Lillian Keltz Dudding(a) Residence, No. 201 SummitSt., 0

Ward.

(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry S. Dudding

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hra. or .....min.

81 3 19

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

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) no data Pennsylvania13. NAME Israel Putman Keltz14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data15. MAIDEN NAME Hannah Lockwood16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data17. INFORMANT Mr. Olin W. Dudding  
(ADDRESS) 201 Summit Hannibal, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Riverside DATE July 7, 193719. UNDERTAKER Wm M Smith  
(ADDRESS) Hannibal Mo.20. FILED 7/6 37 H. C. Gisher  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 193722. I HEREBY CERTIFY, That I attended deceased from 7-15, 1936, to 7-5, 1937I last saw him alive on 7-5, 1937 Death is saidto have occurred on the date stated above, at 11:00 p.m.

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

Coronary thrombosis  
sclerosisDate of onset  
1936  
(1 yr)

Other contributory causes of importance:

Coronary thrombosis

7-5-37

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical 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? No

If so, specify.....

(Signed) Howard A. Goodrich, M. D.(Address) Hannibal Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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81  
81  
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