AUG 26 1937

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

Do not use this space.

1. PLACE OF DEATH
County Monroe — Registration District No. 581 — File No. 27847
Township Indian Creek — Primary Registration District No. 5783 — Registered No. 20
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Jane Mariah Mudd.
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 7-1854
7. AGE: YEARS 82 — MONTHS 9 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. none
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): Monroe Co Mo.

FATHER
13. NAME: William Mudd.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky.

MOTHER
15. MAIDEN NAME: Elizabeth M. Mudd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Susan M. Steele, Mountsville, Mo.
18. BURIAL, CREMATION, OR REMOVAL: St. Stephens Seminary — DATE July 31, 1937
19. UNDERTAKER (ADDRESS): Wilson & Son, Monroe City Mo.
20. FILED 7/30, 1937 W. D. Pipkin, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 29th, 1937
22. I HEREBY CERTIFY, That I attended deceased from June 1926, 19..., to July 29, 1937
I last saw her alive on July 27, 1937. Death is said to have occurred on the date stated above, at 8 30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/26
	1937
82 Y	
Other contributory causes of importance:	
Arteriosclerosis	1926

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Physical Findings 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) John H Kibbe, M. D.
(Address) Monroe City Mo

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.