SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH
County Barton
Township
City Minden (No. , St. Ward)
Registration District No. 42
Primary Registration District No. 4026
File No. 30042
Registered No. 4

2. FULL NAME William Judkins
(a) Residence, No. Minden 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mabel Judkins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5 1879
7. AGE YEARS 58 MONTHS 3. DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
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 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

FATHER
13. NAME Thomas Judkin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Margaret Watkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mabel Judkins Wichita, Kans

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wichita Co DATE 4/30 1937

19. UNDERTAKER (ADDRESS) E K Smith Pittsburg Kans

20. FILED 4/30 1937 Geo J P Tech Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/29. 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 15 1937, to Apr 29 1937
I last saw him alive on Apr 29 1937. Death is said to have occurred on the date stated above, at 1:25 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage

Date of onset

Other contributory causes of importance: 82a

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) Geo J P Tech, M. D.
(Address) Meadow Mines 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.