

OCT 20 1937

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

Do not use this space.

34202

1. PLACE OF DEATH

County Gentry
Township Jackson
City Farm-Home (No. 2)

Registration District No. 312
Primary Registration District No. 5431A

File No. 28
Registered No. 20
St. _____ Ward _____

2. FULL NAME James Milton Hudgens

(a) Residence, No. King City Mo. R.R. St. 1 Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Allrs. Of life 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) Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1847.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 90. 8 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) years ago. 11. Total time (years) spent in this occupation.

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

13. NAME James Hudgens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Mary Olager

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Lucy Compton. (ADDRESS) King City Mo. R.R.

18. BURIAL, CREMATION, OR REMOVAL PLACE King City Mo. DATE Sept. 25, 37

19. UNDERTAKER R. G. Taggart. (ADDRESS) King City Mo.

20. FILED 9/23/ 1937 Donald N. Gentry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22, 1937

22. I HEREBY CERTIFY That I attended deceased from January 23rd to Sept 23rd 1937
I last saw him alive on Sept 23rd 1937 Death is said to have occurred on the date stated above, at 11:30 P.M.

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

Myocard Regurgitation

Other contributory causes of importance:

Hypertension

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 Black & White (Signed) W. B. Black & White, M. D.
(Address) King City, Mo

Every item of information furnished hereon is necessary for the purpose of determining the cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

