NOV 22 1937

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

Do not use this space.

File No. 38482

Registered No. 33

1. PLACE OF DEATH

County: Phelps — Registration District No. 677

Township: ~~Rolla~~ — Primary Registration District No. ~~4403~~

City: Rolla, Mo (No. ..... St. ..... Ward)

2. FULL NAME Alice Hudson

(a) Residence, No. Columbus Kansas 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	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: E. C. Hudson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 3 1896

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
41	6	26	

OCCUPATION

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

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): Salem, MO

FATHER

13. NAME: William L. Summers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

MOTHER

15. MAIDEN NAME: Francis McClay

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT (ADDRESS): E. C. Hudson, Columbus Kan

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Miami Oklahoma DATE: Oct 31, 1937

19. UNDERTAKER (ADDRESS): Null and Son, Rolla Mo

20. FILED: Oct 30, 1937 Jos. F. Ayers, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 29, 1937, to October 29, 1937

I last saw her alive on October 29, 1937. Death is said to have occurred on the date stated above, at 12:45 p.m.

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

	Date of onset
Skull fracture from an automobile accident	

Other contributory causes of importance: None

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) R. Sidney McFarland, M. D.

(Address) Rolla 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.

210 M

E OF DEATH in plain terms. ld be correctly enough. 1. Very item of information should be correct, if it may be p. ter. 1. Used. Year, if estimated EXACTLY. PHYSICIAN should state AGE should if a stated COMPARTOR.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38482
Do not use this space.

1. PLACE OF DEATH
(a) County: Phelps — Registration District No.: 677
(b) Township: — Primary Registration District No.: 4403 — Registered No.:
(c) City: Rolla — (d) Street No.: , St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Alice Hudson
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): M

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

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

7. AGE: Years 41 — Months 6 — Days 26 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

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

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE ,19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Jan. 18, 1938 Jos. F. Ryan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19.
I last saw h. alive on , 19. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull fracture from an automobile acc-	
ident	
Other contributory causes of importance:	
~~Passenger at time of accident~~	

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? accident Date of injury Oct 29, 1937
Where did injury occur? ~~Lebanon~~ Dent Co. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Passenger in car
Manner of injury: Overturned car.
Nature of injury: Pt was dead when I viewed her

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. Sidney McFarland, M. D.
(Address) Rolla Mo.

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.