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.

JAN 20 1938

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

Do not use this space.

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No. 46018
Township Mason — Primary Registration District No. 3079 — Registered No. 366
City Hannibal (No. ..., St Elizabeths Hospital St. ..... Ward)

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2. FULL NAME Earl Francis Mudd
(a) Residence, No. ..... St., ... Ward. Monroe City Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 10 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: Mary I. Mudd.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 30-1888

7. AGE: YEARS 49 — MONTHS 7 — DAYS 16 — 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) 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Monroe Co. Missouri

FATHER
13. NAME: Hugh B. Mudd.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Loretta Janes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs. Earl F. Mudd. Monroe City Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Holy Rosary Cemetery Monroe City — DATE: Dec. 18 1937

19. UNDERTAKER (ADDRESS): Wilson & Son Monroe City Mo

20. FILED Dec 18, 1937 H. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 16th 1937

22. I HEREBY CERTIFY, That I attended deceased from October 1934, to Dec 16, 1937
I last saw him alive on Dec 16, 1937. Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	12/16/37

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Other contributory causes of importance:

Mitral Stenosis	1934
Auricular fibrillation	1934
Chronic Interstitial Nephritis	1936

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Physical Findings 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? No
If so, specify
(Signed) John H. Kelly, M. D.
(Address) Monroe City Mo

MAY 5 1943