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.

REC'D MAY 24 1938

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

Do not use this space.

1. PLACE OF DEATH
County Platte
Township Carroll
City Platte (No. ..., ... St. ..... Ward)

Registration District No. 696
Primary Registration District No. 5924

File No. 15570
Registered No. 5

2. FULL NAME William Lee Hudson 325

(a) Residence, No. ..... 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-15-1871.

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66	9	18	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harris Co. Texas

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

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

17. INFORMANT (ADDRESS) Unknown

18. BURIAL, CREMATION, OR REMOVAL
PLACE County Farm DATE April 4.1938

19. UNDERTAKER L.F.Rollins
(ADDRESS) Platte City Mo.

20. FILED 5-8, 1938 Mrs Francis E Murray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3.1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1938, to Apr. 3, 1938, 19..
I last saw him alive on Apr. 2, 1938. Death is said to have occurred on the date stated above, at 2:30 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, right lung	
	Jan. 18

Other contributory causes of importance: 47-

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? No
If so, specify .....
(Signed) Spencer Redmond M.D.
(Address) Platte City, Mo.