AUG 25 1938 DEC'D SEP 9 1938

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

Do not use this space.

30056

1. PLACE OF DEATH
County Saint Louis — Registration District No. 784 — File No.
Township Carondelet — Primary Registration District No. 20 — Registered No. 1415
City ~~Jefferson Barracks~~ (No. , Vet Hosp. St. Ward)

2. FULL NAME Clifton R. DUDLEY (Dr.)
(a) Residence, No. 74 Vandeventer Place, St., Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Unkn. 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 Mrs. Margaret Dudley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 24, 1867

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
70	8	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
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) Marion County, Missouri.

FATHER
13. NAME James Dudley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -- Kentucky

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Clinical Clerk, VAF Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem DATE 8-27 1938

19. UNDERTAKER (ADDRESS) C. HOFFMEISTER 7814 SO. BROADWAY ST. LOUIS MO

20. FILED AUG 25 1938 T R Meyer M D Dep Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1938, to August 25, 1938
I last saw him alive on August 25, 1938. Death is said to have occurred on the date stated above, at 6:45A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion, myocardial degeneration with cardiac hypertrophy and dilatation (arteriosclerotic)	Unkn.
Other contributory causes of importance:	
Senile Dementia	Unkn.
Arteriosclerosis, generalized.	Unkn.

Name of operation None Date of
What test confirmed diagnosis? Phy. clinical manif. and laboratory Was there an autopsy? NO

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 C W Hughes
(Signed) C.W. HUGHES, M. D. Chief Med. Off. M. D.
(Address) VAF Jefferson Barracks, 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.