

REC'D FEB 24 1939

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

Do not use this space.

2812

1. PLACE OF DEATH  
 54 County Lafayette Registration District No. 464  
 Township St. James Primary Registration District No. 4270  
 City Bates City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James Oscar Hudson  
 (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 Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
69 7 3

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as engineer, sawyer, bookkeeper, etc. Retired Banker  
 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) Mo. ( )

FATHER  
 13. NAME James R. Hudson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. ( )

MOTHER  
 15. MAIDEN NAME Geneva Hamblin  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Everett Hudson  
 (ADDRESS) Bates City, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Oak Grove Mo. DATE 1/25 1939

19. UNDERTAKER Zouless  
 (ADDRESS) Oak Grove Mo.

20. FILED 1-25 1939 Mrs E. M. Goodwin  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/21 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14 1939, to Jan 21<sup>st</sup> 1939  
 I last saw him alive on Jan 21<sup>st</sup> 1939. Death is said to have occurred on the date stated above, at 6:05 p.m.  
 The principal cause of death and related causes of importance were as follows:

Date of onset \_\_\_\_\_

Acute dilatation of the heart

Other contributory causes of importance: Influenza

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) E. Barry \_\_\_\_\_, M. D.  
 (Address) Bates City - 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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
1/6/39  
to Filed