

REC'D FEB 6 1939

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

3420

Do not use this space.

1. PLACE OF DEATH

(a) County Perry 2 Registration District No. 660
(b) Township Saline Primary Registration District No. 5875a
(c) City Brower Prec. (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 325 Charles C. Hudson

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Irene Hudson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 30 1894</u>		
7. AGE YEARS <u>44</u>	MONTHS <u>11</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as <u>sawyer, bookkeeper, etc.</u>		
9. Industry or business in which work was done, as <u>saw mill, bank, etc.</u> <u>Farmer</u>		
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) <u>Perry Co. Mo.</u>		
13. NAME <u>Robert H. Hudson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry Co. Mo.</u>		
15. MAIDEN NAME <u>Louise Erwin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry Co. Mo.</u>		
17. INFORMANT (ADDRESS) <u>Robert H. Hudson</u> <u>St. Marys RFD #1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Perryville Mo.</u> DATE <u>Jan. 25 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Young & Sons 595</u> <u>Perryville Mo.</u>		
20. FILED <u>Jan 24 19 39</u> <u>Joe J. Zeller</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23 193922. I HEREBY CERTIFY, That I attended deceased from Jan 22 1939, 19____, to Jan 23 1939, 19____.I last saw him alive on Jan 31 1939, 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:

Suicide by hanging while under a state of mental depression

Other contributory causes of importance: 115Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury Jan 23 1939Where did injury occur? at his home
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place.
in his barn, at homeManner of injury hanging
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Dr. H. Bailey M. D.
(Address) Perryville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

M. 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Edward G. Young*

Licensed Embalmer No. *2138*

P. O. Address *Pennington, N.J.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.