

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAR 23 1939

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

8113
Do not use this space.

1. PLACE OF DEATH
 (a) County Warren Registration District No. 881
 (b) Townshp. Warrenton Primary Registration District No. 4534 Registered No. 5
 (c) City Warrenton (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 Virginia Wise Dyer 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24, 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>79</u>	<u>4</u>	<u>17</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 30th, 1939 to Feb 11th, 1939
 I last saw her alive on Feb 11, 1939. Death is said to have occurred on the date stated above, at 11/20 P.M.
 The principal cause of death and related causes of importance were as follows:

Mycocarditis and ruptured gall bladder due to infected gall bladder and gall stones

Other contributory causes of importance: Senility 93 R1

Date of onset: Don't know (husband)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co., Miss.

FATHER

13. NAME Coleman Dyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER

15. MAIDEN NAME Martha Camp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Mrs. Mary Wassendorf
 (ADDRESS) Warrenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Wright Cem., Mo. DATE Feb. 17, 1939

19. FUNERAL DIRECTOR F. W. Nieburg & Son
 (ADDRESS) Warrenton, Mo.

20. FILED Feb 15, 1939 A. V. Whelton
 Local Registrar.

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? _____
 If so, specify _____
 (Signed) John H. Dyer, M. D.
Warrenton, Mo.

STATEMENT BY LICENSED EMBALMER

I, John F. Nieburg, Licensed Embalmer No. 3897
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed John F. Nieburg
Licensed Embalmer No. 38

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.)