

REC'D MAY 16 1939

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

15673
Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 625
(b) Township _____ Primary Registration District No. 321 Registered No. 05
(c) City Maryville (d) Street No. 320 W. 4th (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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 Elizabeth Evelyn Hudson

(a) Residence, No. 320 W. 4th, Maryville Mo. 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 90 1 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hinsdale, N.Y.

13. NAME Frederick M. Wood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) Nellie Hudson Maryville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Miriam Cemetery DATE April 16, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Price Funeral Home Maryville Mo

20. FILED Apr 18 1939 Marie E. Clardy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 1939

22. I HEREBY CERTIFY, that I attended deceased from Feb 15 - 39 to April 15 - 39

I last saw her alive on April 15 - 39. Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

Hemiplegia right side due to rupture brain of mid. vessel on the left side -

Date of onset

Other contributory causes of importance: Stroke

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical as there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury: _____, 19____
Where did injury occur? No (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) Chas. P. Bell, M. D.

(Address) Maryville, 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. 111
District File Number A-38523
MAY 15 1939

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.....

Clara M. Price

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

working under my personal supervision.

Signed.....

Clara M. Price

Licensed Embalmer No.....

1822

P. O. Address.....

Maryville, Mo

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.