

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

~~1932~~ AUG 14 1939

**1. PLACE OF DEATH**

County Pettis

Registration District No. 668

File No. 26506

Township Sedalia

Primary Registration District No. 6683032

Registered No. 232

City Sedalia

(No. \_\_\_\_\_) (St. \_\_\_\_\_) (Ward \_\_\_\_\_)

**2. FULL NAME** 375 Mrs Mintie D. Hudson

(a) Residence, No. 1217 E. 13th St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident; give city or town and State)

Length of residence in city or town where death occurred 7½ yrs. mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>68</u>	<u>8</u>	<u>6</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fit Name

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) Beaman 0  
(STATE OR COUNTRY) Missouri

13. NAME David Hudson 1

14. BIRTHPLACE (CITY OR TOWN) Unknown 4  
(STATE OR COUNTRY) Virginia

15. MAIDEN NAME Frances Mitchell

16. BIRTHPLACE (CITY OR TOWN) London  
(STATE OR COUNTRY) England

17. INFORMANT James D. Hudson  
(ADDRESS) 1423 E. 9th

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem Cemetery DATE 7/24 39

19. UNDERTAKER Duane Ewing  
(ADDRESS) \_\_\_\_\_

20. FILED 7-24-39 1939 Mrs Harry Sneed 906 Registrar.  
Sedalia MO

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 - 1939

I HEREBY CERTIFY That I attended deceased from June 30, 1939 to July 21, 1939  
 I last saw her alive on July 17, 1939 Death is said to have occurred on the date stated above, at 1830 m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 46

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 no  
 (Signed) [Signature], M. D.  
 (Address) Sedalia MO

Dr. Snavly

RECEIVED  
District Health Officer No. 8,  
District File Number  
98239  
Date Filed