

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.

JUL 12 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

21415

Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
 (b) Township " Primary Registration District No. 3009
 (c) City " (d) Street No. 139 So Park Registered No. 224
 (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

(a) Residence, No. 139 So Park 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 29 - 1843</u>		
7. AGE <u>97</u>	YEARS <u>4</u>	MONTHS <u>29</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Obine Co. Tenn</u>
10. Date deceased last worked at this occupation (month and year)		13. NAME <u>Henry Hudson</u>
11. Total time (years) spent in this occupation		14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		15. MAIDEN NAME <u>Paulina Hubbard</u>
13. NAME <u>Henry Hudson</u>		16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		17. INFORMANT (ADDRESS) <u>Mrs. J. L. Stacy Cape Girardeau Mo</u>
15. MAIDEN NAME <u>Paulina Hubbard</u>		18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maelden Mo</u> DATE <u>July 1 1940</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Barth Walthers Und. Co. Cape Girardeau Mo.</u>
17. INFORMANT (ADDRESS)		20. FILED <u>6-28-40</u> <u>J. M. Thompson</u> Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28th 1940

22. I HEREBY CERTIFY That I attended deceased from June 26th 1940 to June 28th 1940
 I last saw her alive on June 28th 1940 Death is said to have occurred on the date stated above, at 3:00 p.m.

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

acute enteritis

Date of onset

June 25/40

Other contributory causes of importance:

Sensitivity

Name of operation _____ Date of _____

What test confirmed diagnosis? Symptoms Was there an autopsy? No

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) G. B. Schult M. D.(Address) Cape Girardeau, Mo.

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.....

Licensed Embalmer No. 3980

P. O. Address Cape Girardeau

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.