

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. THIS IS A PERMANENT RECORD

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

Do not use this space.

REC OCT 23 1940

33348

1. PLACE OF DEATH

County Texas Registration District No. 568
 Township Sherrill Primary Registration District No. 6149
 City _____ (No. _____) _____ (If nonresident, give city or town and State) _____ (Ward) _____

2. FULL NAME

(a) Residence, No. Texas Co _____ (If nonresident, give city or town and State) _____
 (Usual place of abode) _____ (City or town and State) _____

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Les Edwards

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 10 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
 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) May 1940 11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER 13. NAME Joseph Hudson 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 0

MOTHER 15. MAIDEN NAME Orthe Peoples 0

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

17. INFORMANT Edith Stewart
 (ADDRESS) Living Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Concord Cem DATE 9-5-40

19. UNDERTAKER (ADDRESS) Smith & Harrison

20. FILED 9/4 1940 27 20 Reed
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1940

22. I HEREBY CERTIFY, That I attended deceased from July, 1940, to Sept 4, 1940
 I last saw her alive on Aug 10, 1940. Death is said to have occurred on the date stated above, at 12:57 p.m.

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

Pulmonary T.B.

Date of onset

Other contributory causes of importance:

23

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? 20

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? Yes

If so, specify _____

(Signed) Joseph L. M. D.

(Address) Living Missouri

RECEIVED

District Health Officer No. 5,

District File Number 10401048

Date Filed _____