

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

Do not use this space.

14863

JUN 27 1927

1. PLACE OF DEATH

County Henny Registration District No. 14
 Township Windsor Primary Registration District No. 4211
 City Windsor (No.) St. Ward

File No.
 Registered No. 21

2. FULL NAME

J. M. Hudson
 (a) Residence. No. St. Ward
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5 1842
 7. AGE YEARS 84 MONTHS 9 DAYS 21 If LESS than 1 day, hrs. or min.
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Warsaw
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Hardon Hudson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pa.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Knight

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pa.
 (STATE OR COUNTRY)

14. INFORMANT J. R. Hudson
 (Address) Windsor Mo.

15. FILED May 22 1927 REGISTRAR J. J. Deming

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 21 1927
 17. I HEREBY CERTIFY That I attended deceased from Jan 1927 to May 21 1927 that I last saw him alive on March 21 1927 and that death occurred, on the date stated above, at 12:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile Gangrene
151 B yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH. no. DATE OF

WAS THERE AN AUTOPSY. no.

WHAT TEST CONFIRMED DIAGNOSIS. Clinical symptoms
 (Signed) J. H. Walter, M. D.
 (Address) Windsor Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Windsor Mo DATE OF BURIAL May 22 1927

20. UNDERTAKER W. E. Huston ADDRESS Windsor 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.

