

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

Do not use this space.

**1. PLACE OF DEATH**

County Henry  
Township Henry  
City Calhoun (No. ....)

Registration District No. 356  
Primary Registration District No. 2499

File No. 23626  
Registered No. 3  
St. .... Ward)

**2. FULL NAME**

Albert Valentine 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 49 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Matilda Hudson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29 - 1878

7. AGE YEARS MONTHS Days If LESS than 1 day, .... hrs. or .... min.  
49 | 11 | 20

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

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

10. NAME OF FATHER W H Hudson

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

12. MAIDEN NAME OF MOTHER Lucy Hoover

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Clair Mo  
(STATE OR COUNTRY)

14. INFORMANT Mary Matilda Hudson  
(Address)

15. FILED 9-1-28 J. A. Allen  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

4  
16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9 1928  
17. I HEREBY CERTIFY, that I attended deceased from June 12, 1928, to July 9, 1928  
that I last saw h. alive on July 9, 1928, and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cholera 121B  
Septicemia 121B  
Multiple abscesses 152B

(duration) 9 yrs. .... mos. .... ds.  
CONTRIBUTORY (SECONDARY) .....  
(duration) ..... yrs. .... mos. .... ds.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 15 1928  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Chester  
(Signed) W. Stebbins, M. D.  
, 19 (Address) Clinton 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 Calhoun Cemetery DATE OF BURIAL July 11 1928

20. UNDERTAKER J. A. Housey ADDRESS Calhoun Mo

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

ALL INFORMATION REQUESTED  
HEREON MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County Genesee Registration District No. 356 File No. \_\_\_\_\_  
 Township Deepwater Primary Registration District No. 35499 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Gilbert Valentine 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

- (a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT (Address)

15.

FILED 11-1-28 J. M. Allen REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9 1928

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cholerae typhoides  
appendedicitis  
Multiple abscesses (duration) yrs. mos. da. 10  
 CONTRIBUTORY (SECONDARY) History of  
tuberculosis of the  
abdomen (duration) yrs. mos. da. \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) M. J. Stephens, M. D.  
 , 19\_\_\_\_ (Address)

\*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

DATE OF BURIAL

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20. UNDERTAKER

ADDRESS

SUPPLEMENTARY

S-23626

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