

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

Do not use this space.

4746

25 1930

1. PLACE OF DEATH

County Henry
Township Windsor
City Windsor (No. _____)

Registration District No. 14
Primary Registration District No. 4211

File No. _____
Registered No. 9 (Ward)

2. FULL NAME

John William Hudson
(a) Residence No. 206 W. Jackson St., _____ Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Edicath

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 16 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 0 30

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

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

10. NAME OF FATHER David Hudson

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

12. MAIDEN NAME OF MOTHER Martha Baker

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

14. INFORMANT Mrs. J. W. Hudson
(Address) Windsor

15. Feb 16 1930 REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 13, 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1925, to Feb. 14, 1930, that I last saw him alive on Feb. 14, 1930, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Stomach

CONTRIBUTORY (SECONDARY) H.B. (duration) 1 yrs. mos. ds.
H.A. (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 X-Ray
(Signed) L.A. Blackmore, M. D.

2-16, 1936 (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 2-16-1930

20. UNDERTAKER Ellis W. Houston ADDRESS Windsor

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.

2-1-189

