

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

Do not use this space.

29443

1. PLACE OF DEATH

42 County Henry
4 Townshp
City Clinton (No.)

Registration District No. 349
Primary Registration District No. 2018

File No.
Registered No. 46
St. Ward)

2. FULL NAME

William Henry Hudson

(a) Residence, No. 824 E Jefferson St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 53 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HARRIET L
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-5-1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 5 21

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berera Kentucky

13. NAME Dont Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terrell Dont Know

15. MAIDEN NAME TERRELL

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT J. E. Sexton (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethlehem DATE 9-9-33

19. UNDERTAKER F E WILKINSON (ADDRESS) Clinton Mo

20. FILED 9/8 1933 Ed C. Prelow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-6-33
22. I HEREBY CERTIFY, That I attended deceased from June 25 1933 to Sept 6 1933
last saw him alive on Sept 5 1933. Death is said to have occurred on the date stated above, at 9:50 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis
9:50
130
9:50
Other contributory causes of importance: Hepatitis acute
Date of onset May-33

Name of operation Date of
What test confirmed diagnosis? autopsy 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?
If so, specify
(Signed) A. S. Kinsley M. D.
(Address) Edson Bldg Clinton 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.

SEP 26 1933

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

