

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

Do not use this space.

**JUN 22 1936**

**19247**

**1. PLACE OF DEATH**

County Henry Registration District No. 351  
 Township Fairview Primary Registration District No. 4208  
 City Deepwater (No. ....) St. .... Ward)

**2. FULL NAME D. A. Hudgens**

(a) Residence, No. .... St. .... Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. da. 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9th 1888  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
47 6 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
 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

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

13. NAME E. C. Hudgens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Martha Bonner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White Cloud, Kansas

17. INFORMANT H. T. Hudgens (ADDRESS) Deepwater, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE R. of P. Cem DATE 5-28 1936

19. UNDERTAKER Tom Hurst (ADDRESS) Deepwater, Mo.

20. FILED 5-28 1936 J. Russell Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1936  
 22. I HEREBY CERTIFY That I attended deceased from 5-1, 1936 to May 27, 1936

I last saw h. .... alive on ..... 19..... Death is said to have occurred on the date stated above, at.....m.  
 The principal cause of death and related causes of importance were as follows:

Labor Pneumonia  
 Date of onset  
 Other contrib. causes of importance: Flu

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

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) J. Russell, M. D.  
 (Address) Deepwater

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.

