

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

Do not use this space.

**5016**

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Jaw Primary Registration District No. \_\_\_\_\_  
 City Jackson City Theatley Prop. Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 907

**2. FULL NAME**

(a) Residence, No. 2008 E 14th, 2nd fl. 2 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<br><u>m.</u>  | 4. COLOR OR RACE<br><u>Colored</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF |  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 30, 1931</u> |  |  |
| 7. AGE   | YEARS  | MONTHS   |
|  |  | DAYS   |
|  |  | If LESS than 1 day, _____ hrs. or _____ min.                               |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None.</u> |  |
|  | 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                            |

|   |  |
|---|--|
| FATHER  | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>    |
|   | 13. NAME <u>John Lewis Dudley</u>                              |
| MOTHER  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u> |
|   | 15. MAIDEN NAME <u>Emma Moore</u>                              |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>    |
| 17. INFORMANT (ADDRESS) <u>John Lewis Dudley 2008 E 14th</u>                  |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Blue Ridge Laurel H. 1932</u> |  |
| 19. UNDERTAKER (ADDRESS) <u>Stathens Bros. Undert Co 1729 Lydia</u>           |  |
| 20. FILED <u>3/4/32</u> <u>M. Corone</u> Registrar.                           |  |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/16 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-12- 1932 to 2-16- 1932

I last saw him alive on 2-16- 1932 Death is said to have occurred on the date stated above, at 6h. m.

The principal cause of death and related causes of importance were as follows:

Acute Broncho - Pneumonia  
107A  
 Other contributory causes of importance: 0  
 Date of onset \_\_\_\_\_

Name of operation Clinical 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 A. D. Johnson M. D.  
 (Signed) \_\_\_\_\_ (Address) 1520 - 7 - 18th

1.—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.

12 April 1954  
at a distance  
from

STATE DEPT.  
WASHINGTON

SECRET

121

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County..... Registration District No. 399  
Township..... Primary Registration District No. 1002  
City X. City (No. ....) St. .... Ward.....

File No. ....  
Registered No. 907

**2. FULL NAME**

John Lewis Dudley  
(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 m 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single (write the word)

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED 4/4 1932 M. M. Crowe Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/16, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-12-32 to 2-16-32, 1932

I last saw him alive on 2-16-32, 1932. Death is said

to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

Acute Broncho pneumonia Date of onset

Other contributory causes of importance:

Name of operation no needle caught during cough Date of 10/7/31  
What test confirmed diagnosis? Clinical Was there an autopsy? yes

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 no  
(Signed) J. A. Johnson M. D.  
(Address) 1520 E. Co - 18th

SUPPLEMENTARY

WRITE PLAINLY, WITH UNDECIPHERED INK---THIS IS A PERMANENT RECORD

W. 3.---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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

501.35-5