

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

Do not use this space.

33680

**1. PLACE OF DEATH**

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, Mo. (No. 1705 Francis)

File No. \_\_\_\_\_

Registered No. 1075

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Herbert W. Judson

(a) Residence, No. 1705 Francis St., \_\_\_\_\_ Ward. \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 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 Alma Judson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 10, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
62 1 9

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painter

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) Union City Michigan

13. NAME W. W. Judson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown New York

15. MAIDEN NAME Sarah Peck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown New York

17. INFORMANT (ADDRESS) Alma Judson St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE My Home DATE Oct. 20 1931

19. UNDERTAKER (ADDRESS) Wheeler Funeral Home St. Joseph Missouri

20. FILED Oct 20 1931 John K. Bender Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19, 1931

22. Oct HEREBY CERTIFY, That I attended deceased from 1930 to Oct 18, 1931

I last saw him alive on Oct 18, 1931. Death is said to have occurred on the date stated above, at 4:00 a.m.

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

Chr. Myocarditis Date of onset 2 yrs.

Per. anemia 6 mos.

Other contributory causes of importance: 93

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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? No

If so, specify \_\_\_\_\_

(Signed) Frank J. Danziger M. D.

(Address) Kirkpatrick Bldg.

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.

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