

Fielding Dudley

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Birth: unknown
Death: Apr. 21, 1912

Family links:

Spouse:

*Serelda Rains Dudley (1840 - 1921)**

Children:

*Lena Ella Dudley Smith (1859 - 1936)**

[*Calculated relationship](#)

Inscription:

Age:77Y 2M

Burial:

[Wallace Cemetery](#)

Chula

Livingston County

Missouri, USA

Created by: [Deb](#)

Record added: Dec 03, 2007

Find A Grave Memorial# 23236028

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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
PLACE OF DEATH County <u>Greene</u> Township <u>Wilson</u> Village _____ City _____ (NO. _____ St. _____ Ward _____)			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
FULL NAME <u>Fielden Dudley</u>			Registration District No. <u>398</u>	File No. <u>13219</u>
			Primary Registration District No. <u>5757</u>	Registered No. <u>8</u>
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED <u>married</u> WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH <u>April 21</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>February 15</u> , 18 <u>35</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____,	
AGE <u>77</u> yrs. <u>2</u> mos. <u>7</u> ds.	IF LESS than 1 day, ____ hrs. or ____ min.?		that I last saw him alive on <u>Don't know</u> , and that death occurred, on the date stated above, at <u>7 A.</u> m.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u>			The CAUSE OF DEATH* was as follows: <u>Don't know</u> <u>Sudden death</u> <u>In all probability organ failure</u> <u>9.5 B</u> (Duration) _____ yrs. _____ mos. _____ ds.	
(b) General nature of industry, business, or establishment in which employed (or employer) <u>1-57</u>			Contributory _____ (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Randolph Co. Ind.</u>			(Signed) <u>W. H. Ferguson</u> M. D. <u>April 21</u> , 191 <u>2</u> (Address) <u>W. H. Ferguson</u>	
PARENTS	NAME OF FATHER <u>Johnny Dudley</u>	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Virginia</u>	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	MAIDEN NAME OF MOTHER <u>Doris Cleverger</u>	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Va</u>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
	(Informant) <u>J. W. Smith</u>		Where was disease contracted If not at place of death? Former or usual residence <u>Lundy Co Mo</u>	
(ADDRESS) <u>Lundy Co Mo</u>		PLACE OF BURIAL OR REMOVAL <u>Wallace Ind</u>	DATE OF BURIAL <u>Apr 22</u> , 191 <u>2</u>	
Filed <u>Apr 22</u> , 191 <u>2</u>		UNDERTAKER <u>Hurbath & Sons</u>	ADDRESS	
REGISTRAR				