

Fielding Dudley

[Memorial](#)[Photos](#)[Flowers](#)[Share](#)[Edit](#)

[Learn about sponsoring this memorial...](#)

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County	<i>Grundy</i>	Registration District No.	<i>398</i>	File No.	<i>13219</i>
Township	<i>Wilson</i>	Primary Registration District No.	<i>5757</i>	Registered No.	<i>8</i>
or Village		City	(NO. _____) St. _____	Ward	
or City		FULL NAME <i>Fielden Dudley</i>			
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH		
<i>Male</i>	<i>White</i>	<i>Married</i>	<i>April 21, 1912</i> (Month) (Day) (Year)		
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____,		
<i>February 15, 1835</i> (Month) (Day) (Year)			that I last saw him alive on <i>Don't know</i> , 191____,		
AGE	If LESS than 1 day, ____ hrs. or ____ min.?		and that death occurred, on the date stated above, at <i>7 A.</i> m.		
<i>77</i> yrs. <i>2</i> mos. <i>7</i> ds.			The CAUSE OF DEATH* was as follows:		
OCCUPATION (a) Trade, profession, or particular kind of work	<i>Farmer</i>		<i>Don't know</i>		
(b) General nature of industry, business, or establishment in which employed (or employer)	<i>1-57</i>		<i>Sudden death</i>		
BIRTHPLACE (City or town, State or foreign country)	<i>Randolph Co. Ind.</i>		<i>In all probability organ failure</i>		
PARENTS	NAME OF FATHER	<i>Johnny Dudley</i>		<i>9.5 B</i> (Duration) ____ yrs. ____ mos. ____ ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country)	<i>Virginia</i>		<i>Contributory</i>	
	MAIDEN NAME OF MOTHER	<i>Doris Clevenger</i>		(Duration) ____ yrs. ____ mos. ____ ds.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country)	<i>Va</i>		(Signed) <i>W. H. Ferguson</i> M. D.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			<i>April 21, 1912</i> (Address) <i>W. H. Ferguson</i>		
(Informant)	<i>J. W. Smith</i>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
(ADDRESS)	<i>Laredo Mo</i>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
Filed <i>April 22, 1912</i>	<i>J. J. Stone</i>		At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.		
REGISTRAR			Where was disease contracted If not at place of death?		
			Former or usual residence <i>Grundy Co Mo</i>		
			PLACE OF BURIAL OR REMOVAL		
			<i>Wallace Ind</i>		
			DATE OF BURIAL <i>Apr 22, 1912</i>		
			UNDERTAKER		
			<i>Hurbath & Sons</i>		
			ADDRESS		
			<i>Wando</i>		