

Serelda Rains Dudley

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Birth: Apr. 16, 1840
Indiana, USA
Death: Mar. 24, 1921
Grundy County
Missouri, USA

Above information from her Missouri death certificate

Family links:

Spouse:

Fielding Dudley (____ - 1912)

Children:

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

*[Calculated relationship](#)

Burial:

[Wallace Cemetery](#)

Chula

Livingston County

Missouri, USA

Created by: [Neil Smith](#)

Record added: Jan 31, 2011

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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.

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

6570

1 PLACE OF DEATH

County Franklin
Township Wilson Registration District No. 398 File No. _____
or
Village _____ Primary Registration District No. 5455 Registered No. 5
or
City _____ (NO. _____ St. _____ Ward _____)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Surrender Dickey

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED <u>widowed</u> (Write the word)
6 DATE OF BIRTH <u>Aug 8, 1890</u> (Month) (Day) (Year)		
7 AGE <u>80</u> yrs. <u>7</u> mos. <u>8</u> ds.		If LESS than 1 day.....hrs. or.....min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>housewife</u> (b) General nature of industry business, or establishment in which employed (or employer)		
9 BIRTHPLACE (City or town, State or foreign country) <u>Indiana</u>		
PARENTS	10 NAME OF FATHER <u>Jacob Ruess</u>	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Indiana</u>	
	12 MAIDEN NAME OF MOTHER <u>Nancy Beverger</u>	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Indiana</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Albert Hurst
(Address) Shelba Lee

15 Filed July 25, 1927 J. M. Stone
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 24, 1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from 191 to 191 that I last saw h..... alive on 191..... and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH* was as follows:
Acute gastritis and disease of heart

14 (Duration) yrs. mos. ds. a few hours
CONTRIBUTORY (Secondary) Old age
(Signed) E. J. Perry M. D.
3-25, 1927 (Address) Shelba Lee

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL Wallace Cemetery DATE OF BURIAL July 26, 1927

20 UNDERTAKER W. D. Booth ADDRESS Shelba Lee

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