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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 25345

Township ..... Primary Registration District No. ..... Registered No. 7131

City St Louis (No. 2411 No Taylor ave St. ..... Ward)

2. FULL NAME Joseph Hudson

(a) Residence No. 2411 No Taylor 11 Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 8 1928

7. AGE: YEARS ..... MONTHS ..... DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Nile
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Sydnor Hudson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jackson (STATE OR COUNTRY) Tennessee
12. MAIDEN NAME OF MOTHER Emily Delk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ark

14. INFORMANT Sydnor Hudson (Address) 2411 No Taylor

15. FILED JUL -9 1928 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/6 1928

17. I HEREBY CERTIFY That I attended deceased from 7/3, 1928, to 7/6, 1928 that I last saw him alive on 7/6, 1928 and that death occurred, on the date stated above, at 1130 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Gastro-Enteritis 1133

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) 1138

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

O DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) E. T. Taylor, M. D

7/7, 1928 (Address) 3136 Chauteau

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Washington Park — DATE OF BURIAL: July 9 1928

20. UNDERTAKER: J W Hughes — ADDRESS: 2620 Lawton

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.