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

Do not use this space.

31501

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 784

Township: Hadamard Twp. — Primary Registration District No.: 6030

City: ..... (No. ..... St. ..... Ward)

File No.: .....

Registered No.: .....

2. FULL NAME Melvin Hudson

(a) Residence. No. Kinloch St. Mo. St., ... 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: Col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word):

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9 — 28

7. AGE: Years ..... Months 2 Days 21 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(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 Mack Hudson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Duplar (STATE OR COUNTRY) Bluff Mo

12. MAIDEN NAME OF MOTHER Florance Hudson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

14. INFORMANT A. F. Walton
(Address) 2701 Stoddard

15. FILED 9-1, 1928 O. R. Schuck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 30 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1928, to Sept. 30, 1928, that I last saw him alive on Sept. 26, 1928, and that death occurred, on the date stated above, at 7:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) None

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Jos. C. Blaney, M. D.

9-1, 1928 (Address) 1623 Walsh

*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: Oct 1 1928

20. UNDERTAKER: A. F. Walton — ADDRESS: 2701 Stoddard