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

Do not use this space.

~~3194-2786~~

File No. 3357

Registered No. 855

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City Sr. Louis (No. 1311 A. Sr Louis av St. ..... Ward)

**2. FULL NAME** Breckinridge, Hudson

(a) Residence. No. 1311 A. Sr Louis av St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Married |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 8th 1860

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 69 | 2. | 18. | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk. 123

(b) General nature of industry, business, or establishment in which employed (or employer) Grocery

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER Wm Hudson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

14. INFORMANT Martha Hudson
(Address) 1311 A Sr Louis av

15. FILED 27 1930 [signature] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-26 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1930, to Jan 27, 1930, that I last saw him alive on Jan 27, 1930, and that death occurred, on the date stated above, at 1:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis (Septic) due to Rectal Abscess cause unknown

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Senility

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 119C

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Allen N. Roe, M. D.

1/27, 1930 (Address) 1460 St. Louis

*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 Dexter Mo

DATE OF BURIAL Jan 27 1930

20. UNDERTAKER Kingshauser U.C.

ADDRESS 4104 Manchester av