

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

Do not use this space.

NOV 13 1934

37812

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis Mo* (No. *2634 A Bernard*) St. Ward.....

File No.....
Registered No. **10266** St. Ward.....

2. FULL NAME

Lula Hudson
(a) Residence, No. *2634 A Bernard* St., *22* Ward.....
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *14* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF *John Hudson* X (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *unknown*
7. AGE YEARS *about 43* MONTHS *-* DAYS *-* If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mississippi*

MOTHER FATHER
13. NAME *Sanford Young*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mississippi*

15. MAIDEN NAME *Anna Williams*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mississippi*

17. INFORMANT (ADDRESS) *John Hudson 2634 A Bernard St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Greenwood Cemetery* DATE *10/25* 1934

19. UNDERTAKER (ADDRESS) *Dunn Bros 315 S. Johnson St*

20. FILED *Oct 23 1934* *Jon. F. Brubaker* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 20th 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 10*, 1934, to *Oct. 20th*, 1934. I last saw her alive on *Oct. 20*, 1934. Death is said to have occurred on the date stated above, at *4:05 PM*. The principal cause of death and related causes of importance were as follows:

Cancer of the Cervix

Date of onset

Other contributory causes of importance:

Name of operation *none* Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *no* Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *home*

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify.....

(Signed) *Jon. A. Williams*, M. D.
(Address) *274 3/4 Franklin*

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.

