

1. PLACE OF DEATH a. COUNTY Brazos		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Brazos	
b. CITY OR TOWN (If outside city limits, give precinct no.) Bryan		c. CITY OR TOWN (If outside city limits, give precinct no.) Bryan	
c. LENGTH OF STAY in 58 yrs.		d. STREET ADDRESS (If rural, give location) 1401 East 25th Street	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION 1401 East 25th Street		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) (a) First John (b) Middle W. (c) Last Hudson			4. DATE OF DEATH Nov. 7, 1970		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 30, 1912	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baseball Scout		10b. KIND OF BUSINESS OR INDUSTRY Sports		11. BIRTHPLACE (State or foreign country) Bryan, Texas	
13. FATHER'S NAME William Andrew Hudson			12. CITIZEN OF WHAT COUNTRY? USA		
14. MOTHER'S MAIDEN NAME Annie Barbara Overcash		17. INFORMANT <i>Vera Hudson</i> Mrs. Vera Hudson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 405-07-9081		17. INFORMANT Mrs. Vera Hudson	

TEXAS DEPARTMENT OF HEALTH IMMEDIATE CAUSE (a) Carcinoma of colon REC'D DEC 11 1970 BUREAU OF VITAL STATISTICS DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 3-4 months
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____

21. I hereby certify that I attended the deceased from **6-29** **70** to **Nov. 7,** **1970** and last saw the deceased alive on **Nov. 7, 1970**. Death occurred at **4:50 P.** m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>T. Walton</i> MD	22b. ADDRESS Bryan, Texas	22c. DATE SIGNED 11/20/70
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/9/1970
23c. NAME OF CEMETERY OR CREMATORY Bryan City Cemetery		24. FUNERAL DIRECTOR'S SIGNATURE <i>G. Russell Hillier</i> #9088
25a. REGISTRAR'S FILE NO.		25b. DATE REC'D BY LOCAL REGISTRAR 11-13-70
25c. REGISTRAR'S SIGNATURE <i>Joe E. Evans by Dessie Thomson</i>		

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58