

MARGIN RESERVED FOR BINDING

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. See instructions on back of certificate.

1 PLACE OF DEATH

STATE OF TENNESSEE

421

County *Jackson*

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

Civil Dist. *# 4*

CERTIFICATE OF DEATH

Village

Registration District No. *44404*

File No.

City

Primary Registration District No.

Registered No. *10*

2 FULL NAME *Paul B Hudson*

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *male* 4 COLOR OR RACE *white* 5 MARRIED, WIDOWED, OR SINGLE (Write the word) *single*

6 DATE OF BIRTH *April 5 1923*  
(Month) (Day) (Year)

7 AGE *4 5*  
yrs. mos. ds. If LESS than 1 day, hrs. or min.?

16 DATE OF DEATH *Aug 10 1923*  
[Month] [Day] [Year]

17 I HEREBY CERTIFY That I attended deceased from *one trip only* 192 *3*  
that I last saw him alive on *Aug 9* 192 *3*  
and that death occurred, on the date stated above, at *11 A M*  
The CAUSE OF DEATH\* was as follows: *Y13*

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

*also catch*

[Duration] yrs. mos. ds. *7*

9 BIRTHPLACE (State or country) *Tennessee*

Contributory [SECONDARY] *anemia*  
[Duration] yrs. mos. ds. *2*

10 NAME OF FATHER *John Hudson*

Signed *H B Black* M. D.  
*9-9-1923* Address *Red Boiling Spgs*

11 BIRTHPLACE OF FATHER (State or country) *Tennessee*

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

12 MAIDEN NAME OF MOTHER *Joseph Strum*

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]  
At place of death yrs. mos. ds. In the State yrs. mos. ds.

13 BIRTHPLACE OF MOTHER (State or country) *Tennessee*

Where was disease contracted, if not at place of death?  
Former or usual residence.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] *Bennett Hudson*

19 PLACE OF BURIAL OR REMOVAL *Braswell* DATE OF BURIAL *8-14 1923*

[Address] *Red Boiling Spgs*

20 UNDERTAKER *Bennett Hudson* ADDRESS *Red Spgs Tenn*

15 Filed *8-12 1923* *Patt Clark*

REGISTRAR