

1. PLACE OF DEATH a. COUNTY <b>Brazos</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Brazos</b>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Bryan</b>		c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Bryan</b>	
c. LENGTH OF STAY in <b>58</b> yrs.		d. STREET ADDRESS (If rural, give location) <b>1401 East 25th Street</b>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>1401 East 25th Street</b>		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 <b>John</b> b) Middle <b>W.</b> c) Last <b>Hudson</b>			4. DATE OF DEATH <b>Nov. 7, 1970</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>June 30, 1912</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months Days Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baseball Scout</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Sports</b>	11. BIRTHPLACE (State or foreign country) <b>Bryan, Texas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>William Andrew Hudson</b>			14. MOTHER'S MAIDEN NAME <b>Annie Barbara Overcash</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> <b>None</b>		16. SOCIAL SECURITY NO. <b>405-07-9081</b>	17. INFORMANT <b>Mrs. Vera Hudson</b>		

TEXAS DEPARTMENT OF HEALTH IMMEDIATE CAUSE (a) <b>Carcinoma of colon</b> REC'D DEC 11 1970 BUREAU OF VITAL STATISTICS DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>3-4 months</b>
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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 <b>T. Walton</b> MD	22b. ADDRESS <b>Bryan, Texas</b>	22c. DATE SIGNED <b>11/20/70</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11/9/1970</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bryan City Cemetery</b>
23d. LOCATION (City, town, or county) <b>Bryan, Texas</b>	24. FUNERAL DIRECTOR'S SIGNATURE <b>G. Russell Hillier #9088</b>	
25a. REGISTRAR'S FILE NO.	25b. DATE REC'D BY LOCAL REGISTRAR <b>11-13-70</b>	25c. REGISTRAR'S SIGNATURE <b>Joe E. Evans by Dessie Thomson</b>

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58