

CERTIFICATE OF DEATH

10997

DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE DIV. OF VITAL STATISTICS
 COOPERATING WITH DEPT. OF COMMERCE BUREAU OF THE CENSUS

REG. NO. 178
 REG. DIST. NO. 761

7612

1. FULL NAME <u>Sam H. Hudson</u>		3. DATE OF BIRTH <u>5 27 1881</u>	
2. PLACE OF BIRTH		4. LEGAL RESIDENCE	
4. COUNTY <u>Putnam</u> CIVIL DISTRICT <u>13</u>		5. COUNTY <u>Putnam</u> CIVIL DISTRICT <u>13</u>	
6. CITY OR TOWN <u>Revel</u>		6. CITY OR TOWN <u>Revel</u>	
7. NAME OF HOSPITAL <u>The Methodist</u>		8. STREET NO.	
9. LENGTH OF STAY IN HOSPITAL		10. OTHER OF FOREIGN COUNTRY	
11. MARRIAGE STATUS A. MARRIED <u>10</u> B. SINGLE, WIDOWED, DIVORCED <u>10</u> C. AVE. <u>62</u> D. <u>10</u> E. <u>10</u> F. <u>10</u>		12. MEDICAL CERTIFICATION 12. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>May 27</u> 19 <u>14</u> TO <u>1914</u> AND THAT I HAVE SEEN HIM ALIVE ON <u>May 27</u> 19 <u>14</u> AND THAT DEATH OCCURRED ON THE DATE STATED AT IMMEDIATE CAUSE OF DEATH <u>Pulmonary Tuberculosis</u>	
13. HUSBAND OR WIFE OF <u>Mary Jane Davis</u> AGE OF HUSBAND OR WIFE OF DECEASED		14. SOCIAL SECURITY NUMBER	
15. OCCUPATION <u>Farming</u>		16. OTHER CAUSATIONS	
17. INTERMARRIED <u>Alfred Hudson</u>		17. DATE OF OCCURRENCE	
18. ACADEMIC DEGREE OR CHEMISTRY <u>B.S.</u> DATE <u>6-29 1894</u>		18. WHERE DID INJURY OCCUR	
19. SIGNATURE <u>Sam H. Hudson</u>		19. DID INJURY OCCUR IN OR ABOUT HOME OR FARM IN INDUSTRIAL PLACES, EXCEPT IN PLACE	
20. DATE FILED <u>6-1</u>		20. SIGNATURE <u>Alfred Hudson</u>	

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THIS CERTIFICATE IS VALID ONLY WHEN FILED IN ACCORDANCE WITH THE PROVISIONS OF THE PUBLIC HEALTH ACT, CHAPTER 108, SECTION 108-101, TENNESSEE CODE, 1906, AS AMENDED.

IF THERE IS NO SECTION IN ACCORDANCE WITH THE PROVISIONS OF THE PUBLIC HEALTH ACT, CHAPTER 108, SECTION 108-101, TENNESSEE CODE, 1906, AS AMENDED, THIS CERTIFICATE IS NOT VALID.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE.