H105.905 REV.(6/06)

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Division of Vital Records in accordance with Act 66, P.L. 304, approved by the General Assembly, June 29, 1953.

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Calvin B. Johnson, M.D., M.P.H.
Secretary of Health

Frank Yeropoli
State Registrar

3946535
No.

OCT 05 2006
Date

Form HVS-5

CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Armstrong
Township of South Buffalo
or Borough of
or City of

Registration District No. 03-08-81
Primary Registration District No. 325

File No. 95077
Registered No. 38

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

2. FULL NAME Thomas Jefferson Hudson
(a) Residence, No. .... St., ... Ward. (Usual Place of Abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Rumbaugh Hudson
6. DATE OF BIRTH (month, day and year) July 16-1861
7. AGE Years 72 Months 4 Days 10 IF LESS than 1 day ...... hrs. or ...... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired River
(b) General nature of industry, business or establishment in which employed (or employer) Boat Captain
(c) Name of employer
9. BIRTHPLACE (city or town) (State or Country) Freeport Pa
Parents
10. NAME OF FATHER Wm K Hudson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Shearsburg Pa
12. MAIDEN NAME OF MOTHER Jane Farmer
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Freeport Pa.
14. Informant W K Hudson
(Address) Freeport Pa.
15. Filed Nov 27 1933 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov (Month) 26 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1933, to Nov 26, 1933, that I last saw him alive on Nov 24, 1933, and that death occurred, on the date stated above, at 2 P.m.
The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage
82a-82d
(duration) ...... yrs. 3 mos. ...... days
CONTRIBUTORY (Secondary) Paralysis left side
(duration) ...... yrs. 3 mos. ...... days

18. Where was disease contracted if not at place of death?
Did an operation precede death? .... Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Thomas L Cay, M.D.
Nov. 27, 1933 (Address) Freeport Pa

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Rogers Chapel
DATE OF BURIAL Nov 28 1933
20. UNDERTAKER W Fred Turner
ADDRESS Freeport Pa.

(OVER)

Instructions on back of certificate. ... Exact statement of OCCUPATION is very important. See