

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

SEP 25 1935

27378

1. PLACE OF DEATH

County Ray
Township Richmond
City Newville, Mo (No.)

Registration District No. 744
Primary Registration District No. 5976B

File No.
Registered No. 78
St. Ward)

2. FULL NAME

William A. Hughes

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan E. Clayton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30-1858
7. AGE YEARS 77 MONTHS 4 DAYS 12 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13th 1935
22. I HEREBY CERTIFY, That I attended deceased from Aug 12th 1935 to Aug 13th 1935
I last saw live on Aug 13th 1935. Death is said to have occurred on the date stated above, at 11:30
The principal cause of death and related causes of importance were as follows:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

Other contributory causes of importance
Cerebral Apoplexy
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
13. NAME Samuel Hughes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

MOTHER
15. MAIDEN NAME DO NOT KNOW
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Sam Hughes (ADDRESS) Newville, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond DATE 8-18- 1935
19. UNDERTAKER C. M. Joiner (ADDRESS) Richmond, Mo
20. FILED 9-10 1935 E. E. Gay Registrar.

Manner of injury Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Dr. J. H. Smith M. D.
(Address) Newville, Mo

NOTE—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.

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31

