MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

V. S. No. 2.

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

PLACE OF DEATH

County Macon

Township Chariton

or

Village

or

City (NO. St.; Ward)

Registration District No. 529

Primary Registration District No. 5705

File No. 31177

Registered No. 23

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

FULL NAME Wilbert Lord Hughes

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

DATE OF BIRTH: July 31 (Month) (Day), 1910 (Year)

AGE: yrs. 1 mos. 18 ds.

If LESS than 1 day, hrs. or min.?

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

BIRTHPLACE (City or town, State or foreign country): Chariton Township

PARENTS

NAME OF FATHER: Arthur Hughes

BIRTHPLACE OF FATHER (City or town, State or foreign country): Beuvis Mo

MAIDEN NAME OF MOTHER: Mary Carnes

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Walnut Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Arthur Hughes

(ADDRESS) Beuvis

Filed 10-3, 1910. F L Trippeer M D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 21 (Day), 1910 (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 7, 1910, to Sept 21, 1910, that I last saw him alive on Sept 21, 1910, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 14 ds.

Contributory (SECONDARY) ✓

(Duration) yrs. mos. ds.

(Signed) C E Salyer M. D.

Sept 21, 1910 (Address) Keota Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Mount Elliot

DATE OF BURIAL: 9/22, 1910

UNDERTAKER: Albert Thinsen

ADDRESS: Beuvis

States Standard Certificate of Death

Census and American Public Health Association]

upation.—Precise statement of oc-
portant, so that the relative health-
pursuits can be known. The ques-
and every person, irrespective of
upations a single word or term on
sufficient, e. g., *Farmer* or *Planter*,
or, Architect, Locomotive engineer,
ionary fireman, etc. But in many
industrial employments, it is neces-
the kind of work and also (*b*) the
ness or industry, and therefore an
ovided for the latter statement; it
when needed. As examples: (*a*)
mill; (*a*) *Salesman*, (*b*) *Grocery;*
Automobile factory. The material
rm part of the second statement.
aborer," "Foreman," "Manager,"
hout more precise specification, as
laborer, Laborer—Coal mine, etc.
ho are engaged in the duties of the
t paid *Housekeepers* who receive a
y be entered as *Housewife, House-*
and children, not gainfully employed,
home. Care should be taken to re-
occupations of persons engaged in
r wages, as *Servant, Cook, House-*
ccupation has been changed or given
he DISEASE CAUSING DEATH, state oc-
ing of illness. If retired from busi-
y be indicated thus: *Farmer* (*re-*
r persons who have no occupation
one.

cause of death.—Name, first, the
EATH (the primary affection with re-
causation), using always the same
the same disease. Examples: *Cere-*
e only definite synonym is "Epidemic
ingitis"); *Diphtheria* (avoid use of
id fever (never report "Typhoid
bar pneumonia; Bronchopneumonia
qualified, is indefinite); *Tuberculosis*
s, peritonaeum, etc., *Carcinoma, Sar-*

coma, etc., of ..... (nam
less definite; avoid use of "T
neoplasms); *Measles; Whooping*
lar heart disease; Chronic intersti
contributory (secondary or interc
not be stated unless important. E
ease causing death), *29 ds.; Br*
ondary), *10 ds.* Never report n
minal conditions, such as "
(merely symptomatic), "Atrophy,
"Convulsions," "Debility" ("Cong
"Dropsy," "Exhaustion," "Hear
rhage," "Inanition," "Marasmus,
"Uraemia," "Weakness," etc., w
can be ascertained as the cause
diseases resulting from childbir
"PUERPERAL *septichaemia*," "PUE
State cause for which surgi al
taken. For VIOLENT DEATHS state
qualify as ACCIDENTAL, SUICIDAL,
probably such, if impossible to
Examples: *Accidental drowning*
train—accident; Revolver woun
Poisoned by carbolic acid—prob
ture of the injury, as fracture
quences (e. g., *sepsis, tetanus*) m
head of "Contributory." (Reco
ment of cause of death appro
Nomenclature of the American

HUGH STEPHENS, JEFFERSO