

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



1673

1. PLACE OF DEATH

County Linn Registration District No. 515 File No. 1673
 Township Blue Ground Primary Registration District No. 5682 Registered No. 1
 City Dawn (No.) St. Ward)

2. FULL NAME

Rev. Hugh K. Hughes
 (a) Residence. No. Dawn St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 47 yrs. 4 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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 22 1924

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Hughes

17. I HEREBY CERTIFY, That I attended deceased from Jan 19 1924 to Jan 20 1924 that I last saw him alive on Jan 21 1924, and that death occurred, on the date stated above, at 6:20 A m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>18</u>	<u>6</u>	<u>8</u>	<u>20</u>	

46.5 Gastric Carcinoma

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Ministry
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) X (duration) 44 mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Cornwall
 (STATE OR COUNTRY) Wales G.R.

18. WHERE WAS DISEASE CONTRACTED X
 IF NOT AT PLACE OF DEATH?.....

10. NAME OF FATHER Thomas Hughes

(1) DID AN OPERATION PRECEDE DEATH? no DATE OF X

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cornwall
 (STATE OR COUNTRY) Wales

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Jane

WHAT TEST CONFIRMED DIAGNOSIS? X

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cornwall
 (STATE OR COUNTRY) Wales

(Signed) M. J. Dawe, M.D.

, 19 (Address) Chellicoth Mo

*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.)

14. INFORMANT Mrs. John Hill
 (Address) Dawn Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Welsh Cemetery DATE OF BURIAL 1/23 1924

15. FILED 1/23 24 J. H. Sweeten
 REGISTRAR

20. UNDERTAKER John Shriver ADDRESS Dawn Mo

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation,) using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.) "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

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

1. PLACE OF DEATH

County Livingston Registration District No. 515 File No.
 Township Blue Mound Primary Registration District No. 5684 Registered No.
 City Livingston (In) St. Ward)

2. FULL NAME

Jess Hugh F. 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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED M
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2 - 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 8 90

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Minister
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales

10. NAME OF FATHER Thomas Hughes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Wales

12. MAIDEN NAME OF MOTHER Ann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Wales

14. INFORMANT Mrs Jess Hughes
 (Address) Livingston, Mo

15. FILED 1923 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 22 1924
 17. I HEREBY CERTIFY, That I attended deceased from 1/14 to 1/20 1924
 that I last saw h. live on 19, and that death occurred, on the date stated above, at 6 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uterine Carcinoma

CONTRIBUTORY (SECONDARY)
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) W. D. Powell M.D.
 , 19 (Address) Cherokee St.

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19. PLACE OF BURIAL, CREMATION, OR REMOVAL Walden Cemetery DATE OF BURIAL 1/23 1924

20. UNDERTAKER John Thomas ADDRESS Livingston

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

PARENTS

SUPPLEMENTARY

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

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