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

Do not use this space.

17607

JUL 25 1927

1. PLACE OF DEATH
County Buchannan — Registration District No. 86 — File No.
Township — Primary Registration District No. 1001 — Registered No. 647
City St. Joseph. (No. Missouri Methodist Hospital. St. Ward)

2. FULL NAME Benjamin Franklin Hughes.
(a) Residence. No. County Infirmary. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Unknown.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): About 1871

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
56	0	0	

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

9. BIRTHPLACE (CITY OR TOWN): St. Joseph
(STATE OR COUNTRY): Missouri.

PARENTS
10. NAME OF FATHER: William Hughes.
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown.
(STATE OR COUNTRY): Unknown.
12. MAIDEN NAME OF MOTHER: Anna Fitzwaters.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown.
(STATE OR COUNTRY): Unknown

14. INFORMANT: Geo W. Fitzwaters.
(Address): 5th and Renick St.

15. FILED JUN 22 1927 19 — John G. Jth, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 21 1927

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1927, to June 21, 1927 that I last saw him alive on June 21, 1927, and that death occurred, on the date stated above, at 3:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency
90 a
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Albuminuria
Nephritis Acute
(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) B. W. Tallock, M.D.
6/22, 1927 (Address) Lincoln Bldg St Joe 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: City Cemetery.
DATE OF BURIAL: June 23 1927
20. UNDERTAKER: H. O. Sodinfaden
ADDRESS: 1802 Union St

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.