AUG 17 1927

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

Do not use this space.

21755

1. PLACE OF DEATH
County Jasper.
Township Mc.Donald.
City ~~Bowers Mill~~, Mo; (No. ..... St. ..... Ward)

Registration District No. 419
Primary Registration District No. 5573

File No. 1927
Registered No. 7

2. FULL NAME Freeman Hough.
(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 Malde.
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 Celia Hough.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June, 18, 1851.

7. AGE Years 76. Months 0. Days 20. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming.
(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) Ill.

PARENTS
10. NAME OF FATHER Charles Hough.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England.
12. MAIDEN NAME OF MOTHER Unknown.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England.

14. INFORMANT Celia Hough.
(Address) Bowers Mill, Mo; R1

15. FILED 7/10 1927 D X Cordonnier REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8 1927.

17. I HEREBY CERTIFY, That I attended deceased from June 25, 1927, to July 8, 1927 that I last saw him alive on July 5, 1927 and that death occurred, on the date stated above, at 5-30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis 82A
82D
97
74C1
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage
Arterio Sclerosis (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) D X Cordonnier, M. D
7/10, 1927 (Address) Avilla 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 Red Oak.
DATE OF BURIAL July, 10, 27.

20. UNDERTAKER Earl J. Caldwell
ADDRESS Lockwood, Mo.

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.