

Do not use this space.

Knab
24099

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

SEP 28 1927

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township Springfield Primary Registration District No. 299
 City Springfield (No. 1235 E. Plains) Registered No. 523
 St. _____ Ward _____

2. FULL NAME Billy Joe Hughes
 (a) Residence. No. 1235 E. Plains St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 31-1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
0 0 28

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 26 1927
 17. I HEREBY CERTIFY, That I attended deceased from July 31, 1927 to Aug. 26, 1927, 1927
 that I last saw h. alive on Aug. 26, 1927, and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:

congenital atelactasis
 1927
 (duration) _____ yrs. _____ mos. _____ da.
 CONTRIBUTORY prematurity
 (SECONDARY) at 7 months
 (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS clinical
 (Signed) Arthur D. Knab M. D.
Aug 27 1927 (Address) 500 E. Canal

*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.

9. BIRTHPLACE (CITY OR TOWN) Mo.
 (STATE OR COUNTRY)
 10. NAME OF FATHER J. V. Hughes
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Ark
 12. MAIDEN NAME OF MOTHER Bertha Johnson
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Ark

14. INFORMANT J. V. Hughes
 (Address) Springfield, Mo.
 15. FILE 8/27 27 Oct 27 27 Mo.
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Green Lawn Cemetery
 DATE OF BURIAL Aug 27 1927
 20. UNDERTAKER J. W. Klingner & Co 424 Springfield Mo.
 ADDRESS _____

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.

