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.

SEP 30 1927

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

Do not use this space.

25174

1. PLACE OF DEATH

County Pulaski — Registration District No. 711 — File No. 17

Township Union — Primary Registration District No. 4424 — Registered No. 14

City Dixon (No. ..... St. ..... Ward)

2. FULL NAME Stephen C 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: 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 Nannie Hughes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-2-1841

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
86	4	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Railroader

(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) Missouri

PARENTS

10. NAME OF FATHER William Hughes

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

12. MAIDEN NAME OF MOTHER Mahalia Duval

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

14. INFORMANT Richard Hughes
(Address) Newburg Mo

15. FILED 8-23-, 1927 M. T. Reeves
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-22 1927

17. I HEREBY CERTIFY, That I attended deceased from 8-26, 1926, to 8-22, 1927 that I last saw him alive on 8-22, 1927, and that death occurred, on the date stated above, at 6 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bright's Disease

131 (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 1298 (duration) ..... yrs. ..... mos. ..... 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) C. J. von Geney M. D

8-23-, 1927 (Address) Dixon 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: Dixon Mo — DATE OF BURIAL: 8/28 1927

20. UNDERTAKER: Fred H Gilbert — ADDRESS: Dixon Mo