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.

OCT 29 1927

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

Do not use this space.

1. PLACE OF DEATH
County Worth
Registration District No. 905
File No. 29396
Township Allen
Primary Registration District No. 6216
Registered No.
City (No. St. Ward)

2. FULL NAME William A. Hughes
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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 Jocie Burgix
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/16/1850
7. AGE 77 YEARS 5 MONTHS 27 DAYS If LESS than 1 day, hrs. or min.
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) Kentucky
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Grayson Hughes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Jennie Seggay
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY)
14. INFORMANT W. E. Hughes
(Address) Denver, Mo
15. FILED Oct 3, 1927 Lewis H Long REGISTRAR
Denver Mo

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep. 13 1927
17. I HEREBY CERTIFY, That I attended deceased from June 3, 1927, to Sept 13, 1927
that I last saw h alive on Sept 13, 19 , and that death occurred, on the date stated above, at 5 20 A.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Brights disease.
131 (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 1290 (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) Lewis H Long, M.D
, 19 (Address) Denver 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 Miller
DATE OF BURIAL Sep. 14 1927
20. UNDERTAKER Bram Bros.
ADDRESS Denver