

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

Do not use this space.

29552

1. PLACE OF DEATH

County Buchanan
 Township.....
 City St. Joseph,

Registration District No. 85
 Primary Registration District No. 1001
 (No. Missouri Methodist Hospital)

File No.
 Registered No. 1075
 St. Ward)

2. FULL NAME Nathan Noble Hughes

(a) Residence. No. St., Ward. Oregon, MO.
 (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 Susan Hughes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Febr. 9, 1874.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53 7 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Oregon,
 (STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Samuel Hughes
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Tennessee
 12. MAIDEN NAME OF MOTHER Amelia M Fields
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Missouri.

14. INFORMANT Susan Hughes
 (Address) Oregon, MO.

15. FILED 6 1927
John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 6. 19 27.

17. I HEREBY CERTIFY, That I attended deceased from Oct 4-27, 1927, to Oct 6-27, 1927, that I last saw him alive on Oct 5-11:30 p.m. 1927, and that death occurred, on the date stated above, at 7:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Reptended Empyemic
bile bladder
12:30
12:30 (duration) yrs. mos. ds. to 4th hour?
 CONTRIBUTORY acute peritonitis
 (SECONDARY) (duration) yrs. mos. ds. 3 1/2

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, near Fillmore Mo

1 DID AN OPERATION PRECEDE DEATH? no DATE OF Oct 4-27

WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Exploratory laparotomy
 (Signed) W. H. [Signature], M. D.

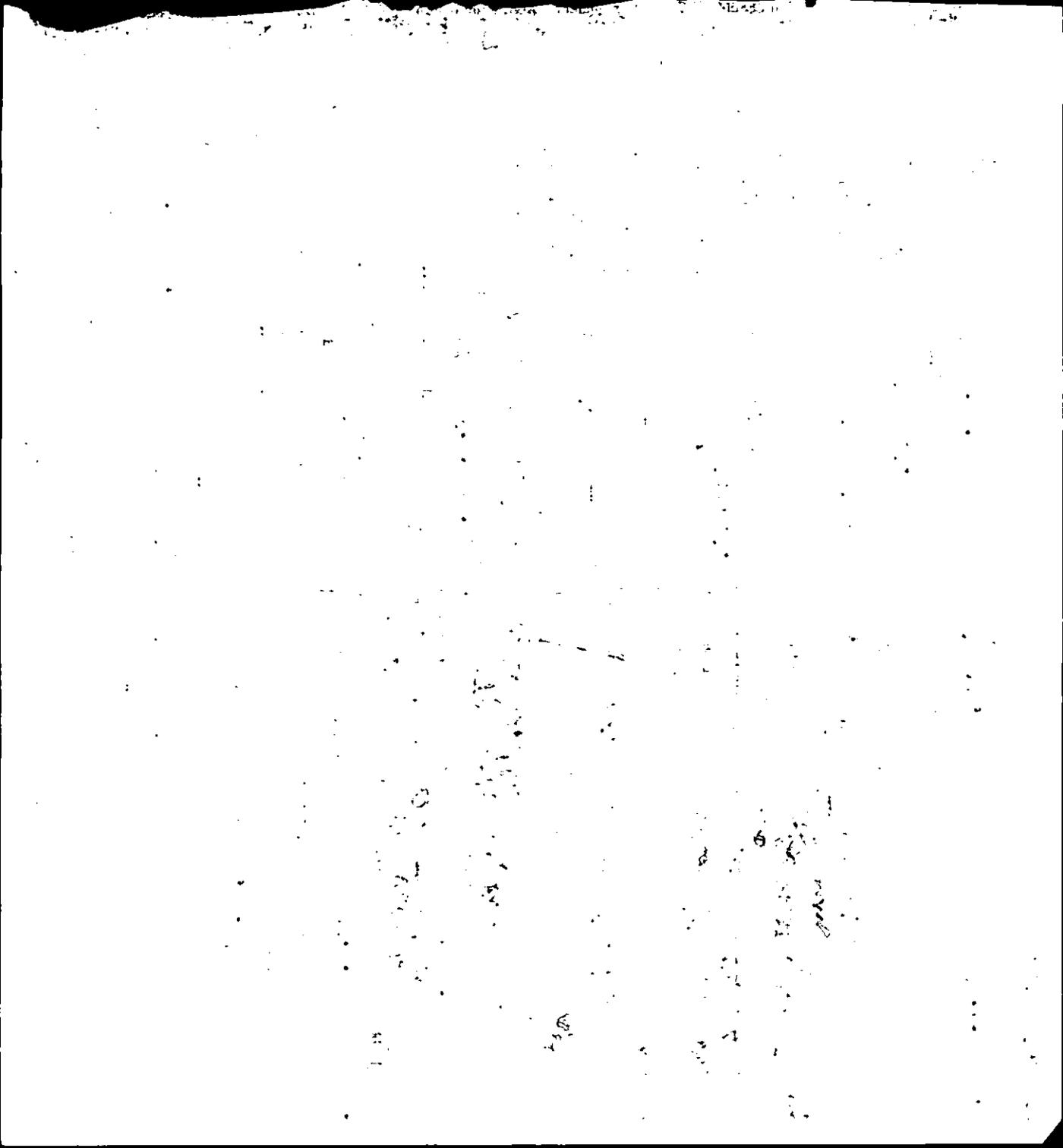
Oct. 6 . 19 27 (Address) Fillmore Mo

*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 Fillmore, MO DATE OF BURIAL Oct. 7. 1927

20. UNDERTAKER H. C. Sidenfader ADDRESS 1802 Union Str

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very imp. No. 5. Every item of information should be carefully checked. Do not use this space.



St. Joseph Board of Health,

St. Joseph, Mo.

the cause of death was a ruptured Empyemic Gall Bladder.

If an acute Empyemia of the Gall Bladder exists as ^{it} did in this case, and it ruptures, if you know anything about conditions of this kind you can draw your own conclusions as to the cause of the rupture.

When I send in a death certificate in the future I trust your lack of understanding of conditions will not make it necessary for me to try to supply knowledge and convey information that you seem unable to grasp.

Yours respectfully,

W. J. Cain

You must realize that it is annoying to have to give time - unnecessary time to things of this kind. If one honestly tries to and does supply the actual needful information - unnecessary and lose one matters of ~~cha~~ grin x

WTE;VB

5-29552

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Buchanan

Registration District No. 25

File No.

Township

Primary Registration District No. 1001

Registered No. 1025

City St. Joseph (No.)

St. Ward)

2. FULL NAME

Nathan Noble 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

PARENTS

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

15.

FILED, 19

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 6 - 19 27

17. I HEREBY CERTIFY That I attended deceased from

....., 19....., to, 19....., and that I last saw him..... alive on....., 19....., and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH WAS AS FOLLOWS:

Ruptured suppurative gall-bladder

CONTRIBUTORY acute peritonitis (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed), M. D. , 19 (Address)

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state EXACTLY the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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