

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

Do not use this space.

37352

JAN 20 1928

1. PLACE OF DEATH

County Johnson
Township Warrensburg
City Warrensburg

Registration District No. 431
Primary Registration District No. 3023

File No.
Registered No.
St. Ward)

2. FULL NAME Fred C Hughes
408 N Miller

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 25, 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 5 21

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) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Lemon Hughes

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

12. MAIDEN NAME OF MOTHER Elizabeth DePriest

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

14. INFORMANT Harold Hughes
(Address) Warrensburg, Mo

15. FILED Dec 19 1927 Wm R Patterson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 19, 1927

17. I HEREBY CERTIFY That I attended deceased from July 28th 1927 to Dec 17 1927
that I last saw him alive on Dec 16 1927, and that death occurred, on the date stated above, at 8-30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of stomach
4aB
(duration) yrs. mos. ds. 6

CONTRIBUTORY (SECONDARY) 44a
(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?
(Signature) W R Patterson, M. D.

12-17, 1927 (Address) Warrensburg 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 Sunset Hill Cem, DATE OF BURIAL 12/19/27

20. UNDERTAKER S R Sweeney ADDRESS Warrensburg

K. 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.

RECORD WITH OBTAINING INFORMATION IS A PERMANENT RECORD

