MAR 21 1928

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

Do not use this space.

File No. 6162

Registered No. 2

1. PLACE OF DEATH
County: St. Genevieve — Registration District No. 780
Township: — Primary Registration District No. 4466
City: Ste. Genevieve (No. ..... St. ..... Ward)

2. FULL NAME: Frank James 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: 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: Bridget Carney

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 22 1880

7. AGE: Years 47 | Months 9 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work: Inspector m
(b) General nature of industry, business, or establishment in which employed (or employer): tunnel
(c) Name of employer: Pecten White Lime Co

9. BIRTHPLACE (CITY OR TOWN): Commerce
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Lockin H. Hughes
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Huntsville
(STATE OR COUNTRY): Alabama
12. MAIDEN NAME OF MOTHER: Buena Vista Lucas
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Chattanoga
(STATE OR COUNTRY): Tenn.

14. INFORMANT: Mrs Bridget Hughes
(Address): Ste Genevieve Mo

15. FILED Feb 6, 1928 T.W. Douglas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): February 5 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h. ..... alive on ..... 19..... and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Probable Cerebral Hemorrhage Verdict of Jury

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 74 A1

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) John Basler Coroner
Feb 6, 1928 (Address) St Genevieve Missouri

*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: Ste. Genevieve Mo — DATE OF BURIAL: Feb 7 1928

20. UNDERTAKER: John Basler — ADDRESS: Ste. Genevieve Mo

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.