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

Do not use this space.

26065

1. PLACE OF DEATH

County ..... Registration District No. 1 ..... File No. .....

Township ..... Primary Registration District No. 1203 ..... Registered No. 8402

City St. Louis (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Henry Hughes

(a) Residence. No. 1333 N. 10th St., 25 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 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: Col.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

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

7. AGE: Years abt. 60 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(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): Ky.

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.

14. INFORMANT: Anna F. Woodard
(Address) City Hospital #2

15. FILED AUG 28 1928, 19 ..... Max R. Stanley, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-6- 1928

17. I HEREBY CERTIFY, That I attended deceased from 7-4-, 1928, to 7-6-, 1928 that I last saw him alive on 7-6-, 1928, and that death occurred, on the date stated above, at 8:55 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis (chronic)
131
92A
129A (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)
Chronic nephritis (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Fol
(Signed) J. E. Cunningham, M. D.
, 19 (Address) 2945 Laroton

*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: Father Dickson
DATE OF BURIAL: 8-20 1928

20. UNDERTAKER: A. F. Buddie Walton
ADDRESS: 2701 Stoddard

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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD