

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

Do not use this space.

35765

1. PLACE OF DEATH **U.S.V. Hosp. #67**

County... **Jackson**

Registration District No. **399**

File No.

Township... **Kaw**

Primary Registration District No. **1002**

Registered No. **4306**

City... **Kansas City, Mo.**

(No. **U.S. Veterans Hospital**)

Sl. **4306**

Ward

C-1 229 589 WOE

2. FULL NAME **HUGHES, Noble Johnson**

(a) Residence. No. **Dexter, Missouri**

St.

Ward. **Pvt. Bat F 340th F.A.**

(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

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

Pearl Hughes

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

Nov. 2, 1889

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

39

11

20

8. OCCUPATION OF DECEASED

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

Farming

(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)

Illinois

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT **Hospital Records.**

(Address)

U. S. Veterans Hospital

15.

FILED

10/23, 1928

M. M. Brown

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **October 22, 1928**

17.

I HEREBY CERTIFY That I attended deceased from **August 21, 1928**, to **October 22, 1928**, that I last saw him alive on **October 21, 1928**, and that death occurred, on the date stated above, at **7:25 A.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemorrhage Cerebral

Few seconds.

CONTRIBUTORY (SECONDARY)

Tuberc Dorsalis

Unknown

18. WHERE WAS DISEASE CONTRACTED

Unknown

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? **No**

DATE OF

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Physical examination**

W. S. CHAMBERS, Medical Officer in Charge U.S.V. Hospital, Kansas City, 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

DATE OF BURIAL

Dexter Mo

10/23 1928

20. UNDERTAKER

ADDRESS

The Taylor Funeral Home

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

DEC 10 1945

DEC 13 1945