NOV 22 1928

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

Do not use this space.

35923

1. PLACE OF DEATH

County: Jasper — Registration District No. 407 — File No.

Township — Primary Registration District No. 241 — Registered No.

City: Carterville (No. ..... St. ..... Ward)

2. FULL NAME Henry J. Hughes

(a) Residence. No. 109 Chestnut 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 19, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	65	9	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Surgeon
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) Marion City
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Henry Hughes
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Lucy A. Romney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Della Hughes
(Address) Carterville, Mo.

15. FILED 10-29, 1928. O. L. Gray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 27 1928

17. I HEREBY CERTIFY, That I attended deceased from 8/20, 1928, to 10/24, 1928, that I last saw him alive on 10/22, 1928, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemorrhage of brain.

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Age.

(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) J. W. Clark, M. D.

10/29, 1928 (Address) Carterville, 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: Carterville Cem. — DATE OF BURIAL: 10/29 1928

20. UNDERTAKER: Webb City Und. Co. — ADDRESS: Webb City, 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.

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