

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

Do not use this space.

24, 1929

9771

PLACE OF DEATH
County Caldwell,

Township Davis,

City Braymer,

Registration District No. 93

Primary Registration District No. 4055

File No. _____

Registered No. 14

St. _____ Ward _____

2. FULL NAME Richard Hughes,

(a) Residence No. _____ St. _____ Ward _____
(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. (If nonresident give city or town and State)

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 OR WIFE Alice Hughes,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August-18th-1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	79	7	4	

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

9. BIRTHPLACE (CITY OR TOWN) North Wales,
(STATE OR COUNTRY)

10. NAME OF FATHER Tudor Hughes,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) North Wales,
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Barbar Owen,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) North Wales,
(STATE OR COUNTRY)

14. INFORMANT Dave Hughes
(Address) Custer - Okla.

15. FILED Apr 1 1929 H.H. Patterson
REGISTRAR

21 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 22 1929

17. I HEREBY CERTIFY That I attended deceased from March 19, 1929, to March 22, 1929.
that I last saw ~~her~~ him alive on March 22, 1929, and that death occurred, on the date stated above, at 9:30 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
General Arteriosclerosis
(duration) 3 yrs. 0 mos. 0 ds.
CONTRIBUTORY (SECONDARY) General Arteriosclerosis
(duration) 15 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
(Signed) Geo. S. Isbell, M. D.
Med 25 1929 (Address) Braymer, Mo.

*State the DISEASE CAUSING DEATH, or if 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 Plymouth Cemetery, DATE OF BURIAL April 24 1929

20. UNDERTAKER E. P. Michael ADDRESS Braymer, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PARENTS

1924-3-22
1847-8-13

79 7 4