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

Do not use this space.

13099

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. Mo. Bapt. Sam ..... St. ..... Ward)

File No. .....

Registered No. 3657

**2. FULL NAME** Roy E Hughes

(a) Residence. No. ..... St., 12 Ward. Bismarck Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. 17 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 7-10-1912

7. AGE: Years 16, Months 8, Days 14. If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School boy
(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): Belleview Mo

PARENTS

10. NAME OF FATHER: Frank Hughes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Black Mo
12. MAIDEN NAME OF MOTHER: Maggie Wood
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Black Mo

14. INFORMANT: R E Wood
(Address): Bismarck Mo

15. FILED 2[illegible], 19[illegible] Max C Starkey, REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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16. DATE OF DEATH (MONTH, DAY AND YEAR): March 24 1929

17. I HEREBY CERTIFY, That I attended deceased from March 7, 1929, to March 24, 1929, that I last saw him alive on March 24, 1929, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suppurative Appendicitis
IRIS
(duration) — yrs. — mos. 19 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? Yes DATE OF March 7th 1929
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) A A Kiffer, M. D
March 24, 1929 (Address) 4480 Westminster

*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: Brouton Mo
DATE OF BURIAL: 3/26 1929

20. UNDERTAKER: C J Hill
ADDRESS: Bismarck 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.

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4480 Westminster