

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

Do not use this space.

31347

**1. PLACE OF DEATH**

County Mason Registration District No. 547  
Township Mason Primary Registration District No. 3029  
City Hannibal (No. 1-004) Baron

File No. ....  
Registered No. 206  
St. 5th Ward

**2. FULL NAME**

Edward Hughes  
(a) Residence. No. 1004 Baron St., 5th Ward.  
(Usual place of abode) (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 <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>2-20-1929</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>6</u>	<u>13</u>
IF LESS than 1 day, <u>  </u> hrs. or <u>  </u> min.		

**8. OCCUPATION OF DECEASED**

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

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)** St Louis  
(STATE OR COUNTRY) MO

**10. NAME OF FATHER** Jeff. Moon

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** MO  
(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER** Bertie Hughes

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** MO  
(STATE OR COUNTRY)

**14. INFORMANT** Jessie Jenkins  
(Address) 1104 Baron

**15. FILED** 9/4, 1929 Colousius  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 9-3 1929

**17.** I HEREBY CERTIFY, That I attended deceased from 6 a.m. Aug 6, 1929, to Sept 3, 1929, and that death occurred, on the date stated above, at 11 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Broncho Pneumonia

**CONTRIBUTORY (SECONDARY)** Mal Nutrition

**18. WHERE WAS DISEASE CONTRACTED** MO  
IF NOT AT PLACE OF DEATH.

**DID AN OPERATION PRECEDE DEATH?** no DATE OF \_\_\_\_\_

**WAS THERE AN AUTOPSY?** no

**WHAT TEST CONFIRMED DIAGNOSIS?** ATW

(Signed) A. W. Roy, M. D.  
, 1929 (Address)

\*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** Robinson born 9/4 1929

**20. UNDERTAKER** Geo E Roberts Hannibal

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD THIS IS A PERMANENT RECORD

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1  
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