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.

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

Do not use this space.

12804

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1733
Township Kan — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. on Street Car at 39th St. Main St. Ward)

2. FULL NAME Mr. James Lewis Hughes
(a) Residence. No. 1903 N Mill St., Ward. Kansas City Kans
(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. 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)
M	wh	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 14, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	74	3	5	

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

13 6

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Md

2

PARENTS
10. NAME OF FATHER Joseph R Hughes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Md
12. MAIDEN NAME OF MOTHER Rachel Lewis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Md

14. INFORMANT Mrs Frank L Sanders
(Address) 209 East 46th

15. FILED 4/21, 1930 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-19 1930

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19..., to ..., 19..., that I last saw h..... alive on ..... P 19..., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilatation
Heart
97
95B (duration) ....yrs. ....mos. ....ds.

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

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Stanley M. Hall, M. D.
4/19, 1930 (Address) Deputy Coroner

*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
Forest Hill	Apr 22 1930

20. UNDERTAKER	ADDRESS
D W Newcomer's Sons	K C Mo