

OCT 28 1930

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

Do not use this space.

1. PLACE OF DEATH

County Grassland
Township Knobloche
City (No.) (Ward)

Registration District No. 230
Primary Registration District No. 5313

File No. 26262
Registered No.
St. Ward)

2. FULL NAME

Joe T. Hughes
(a) Residence No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 10 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-29 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1930, to Aug 29, 1930, that I last saw him alive on Aug 29, 1930, and that death occurred, on the date stated above, at 2:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
87A

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY)

none
7401

(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? no

WHAT TEST CONFIRMED DIAGNOSIS

clinical symptoms
(Signed) E. L. Turner M. D.
8/30 1930 (Address) St James

*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

Mounts Cem 8-31 1930

20. UNDERTAKER

ADDRESS

W. E. Schickler St James

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

Sarah B Hughes

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

3-9 1958

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, hrs. or min.

72

5

24

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

Farmer

9. BIRTHPLACE (CITY OR TOWN)

East Haven

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

John Hughes

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Don't know

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Mary Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Don't know

(STATE OR COUNTRY)

14. INFORMANT

Sarah B Hughes

(Address)

Cuba Mo

15. FILED

9/15 1930

J. G. A. Herzog

REGISTRAR

Exact statement of OCCUPATION is very important. Correctly state in plain terms, so that it may be properly classified.

