

SEP 24 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

26504

1. PLACE OF DEATH

County HenryRegistration District No. 349Township CalhounPrimary Registration District No. 4307City Calhoun(No.)File No. Registered No. 19St. Ward

2. FULL NAME

William Wesley Hughes(a) Residence. No. St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 23 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)

MaleWhiteMarried

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(or) WIFE OFSamah M. Hughes

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

Nov 11 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.73823

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workRetired Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Cedar City

(STATE OR COUNTRY)

Callahan Mo

10. NAME OF FATHER

David Hughes

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't Know

12. MAIDEN NAME OF MOTHER

Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't Know

PARENTS

14.

INFORMANT

(Address)

W. B. HughesCalhoun Mo

15.

FILED

8-5-30 Mrs. A. A. Gray

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR)

Aug 4 1930

17.

I HEREBY CERTIFY, That I attended deceased from Aug 4, 1930, to Aug 4, 1930, and that I last saw him alive on Aug 4, 1930, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

ApoplexyCONTRIBUTORY
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) C. C. Paula, M. D., 19 (Address) Calhoun Mo

*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

Tabbets CemeteryAug 6 1930

20. UNDERTAKER

ADDRESS

J. A. Housey Calhoun 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.

