

OCT 28 1930

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

Do not use this space.

29163

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. Noyes-Baptist Hospital)

File No. _____
Registered No. 1013
St. _____ Ward _____

2. FULL NAME

Hugh D. Aiken

(a) Residence. No. 1719 Boyd Street
(Usual place of abode)

St. _____ Ward _____

(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

Male

4. COLOR OR RACE

White

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

Married

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

Edith Aiken

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

May 9th 1889

7. AGE

YEARS

MONTHS

DAYS

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

4141

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Sheet Metal Worker

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

(c) Name of employer Larabee Flour Mills

9. BIRTHPLACE (CITY OR TOWN)

Lansford

(STATE OR COUNTRY)

Penn.

PARENTS

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown
Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown
Unknown

14.

INFORMANT

Mrs. Edith Aiken

(Address)

1719 Boyd Street

15.

FILED

12 1930

John G. [Signature]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 10 1930

17.

I HEREBY CERTIFY, That I attended deceased from Sept 2
2, 1930, to Sept 10, 1930.
that I last saw him alive on _____, 19____, and that
death occurred, on the date stated above, at 3:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastric Ulcer (Pyloric)
46 B

11771 according to [Signature]
(duration) 5 yrs. mos. ds.

CONTRIBUTORY Base beginning to show
(SECONDARY)

Carcinoma (duration) Recent yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAICTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 5 / 1930

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [Signature], M. D.

Sept 11, 1930 (Address) Electric Bldg. St. Joseph, 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

Ashland Cemetery

DATE OF BURIAL

Sept 13 1930

20. UNDERTAKER

[Signature]
St. Joseph

ADDRESS

1302 Tanager
St.

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.

