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

Do not use this space.

22105

File No. .....

Registered No. 190

1. PLACE OF DEATH

County Marion Registration District No. 547

Township Mississippi Primary Registration District No. 3029

City Hannibal (No. 2029, Irwin St. 5th Ward)

2. FULL NAME Henry Hughes

(a) Residence, No. 2029 Irwin 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUL 28 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

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

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

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

7. AGE: Years about 65; Months —; Days —; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksville Mo

FATHER

13. NAME Henry Hughes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER

15. MAIDEN NAME Martha Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Lucille Jenkins
(ADDRESS) Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Roberson DATE 6/28, 1931

19. UNDERTAKER Jamie O'Donnell
(ADDRESS) Hannibal Mo

20. FILED July 3, 1931 C. Causemo, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/26/, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1931, to June 25, 1931.

I last saw him alive on June 25, 1931. Death is said to have occurred on the date stated above, at 12 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Heart Lesion	Last 4 Years
9.15	
9.50	

Other contributory causes of importance: General Oedema

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. Rozell, M. D.

(Address) Hannibal Mo