

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

Do not use this space.

11825

1. PLACE OF DEATH

County Callaway Registration District No. 109
Township Highland Primary Registration District No. 8152
City Highland No. _____ St. _____ Ward _____

File No. _____
Registered No. 631
St. _____ Ward _____

2. FULL NAME

(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 86 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 28-1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 0 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Callaway Co Mo

13. NAME Abraham Hughes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va 2

15. MAIDEN NAME Prudence Bowler

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

17. INFORMANT (ADDRESS) Claude Hughes & Cedar Hill

18. BURIAL, CREMATION, OR REMOVAL Cedar Hill DATE Apr 25 31

19. UNDERTAKER (ADDRESS) Greenwood Funeral Home

20. FILED May 10 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1932, to Apr 23, 1932

I last saw him alive on Apr 22, 1932. Death is said to have occurred on the date stated above, at Call.

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

General arteriosclerosis Date of onset 1921
97

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Aut Was there an autopsy? Yes

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? Yes

If so, specify _____

(Signed) Greenwood, M. D.

(Address) Callaway Co Mo

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.

MAY 8 1932

