

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

Do not use this space.

29778

**1. PLACE OF DEATH**

61 County Monroe Registration District No. 1072  
Township Ten mile Primary Registration District No. 5711  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

**2. FULL NAME**

Henry C. 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 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
74 11 14

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

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

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) \_\_\_\_\_ 91

13. NAME John M. Hughes 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adams Co 2

15. MAIDEN NAME Mary Blake Henderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boston Mass.

17. INFORMANT Mrs. Elmer Snider  
(ADDRESS) Atlanta, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Zion Ch. DATE 9-6-1932

19. UNDERTAKER F. M. Todd  
(ADDRESS) Atlanta, Mo.

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ Registrar \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-3 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1932 to Sept 1932  
Last saw him alive on Sept 3, 1932 Death is said to have occurred on the date stated above, at 8:00 p.m.

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

Diabetes mellitus 1910  
Prostatic hypertrophy 1925  
Other contributory causes of importance: \_\_\_\_\_  
Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Benedict's Was there an autopsy? no

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? no  
If so, specify \_\_\_\_\_

(Signed) D. L. Harlan M. D.  
(Address) Clarence 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.

SEP 24 1932

EMERGENCY RECORD

PHYSICIAN  
CERTIFICATION

REGISTERED

STATE OF

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Macon Registration District No. 1077  
Township Ten mile Primary Registration District No. 5716  
City No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Henry O. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nancy J. Hughes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 19 1857</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>11</u>	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
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) <u>Irk.</u>		
13. NAME <u>John M. Hughes</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>		
15. MAIDEN NAME <u>Mary Blake Fessenden</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boston Mass.</u>		
17. INFORMANT <u>Mrs Elmira Snider</u> (ADDRESS) <u>Jillanta mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Mt Zion Cemetery</u> DATE <u>9-6-32</u>		
19. UNDERTAKER <u>H. M. Gardiner</u> (ADDRESS) <u>Jillanta mo</u>		
20. FILED <u>Oct 3 1932</u> <u>Roy Hamilton</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 - 1932

22. I HEREBY CERTIFY, That I attended deceased from June 30 1932 to Sept 3 1932  
I last saw him alive on Sept 3 1932 Death is said to have occurred on the date stated above, at 8 P.M.  
The principal cause of death and related causes of importance were as follows:  
Diabetes mellitus Date of onset 1910  
Other contributory causes of importance: Prostatic hypertrophy 1925

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis Biopsy Was there an autopsy? No

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? No  
If so, specify \_\_\_\_\_  
(Signed) D. L. Healan M. D.  
(Address) Clarence mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PH. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

1866

1867

1868

1869

1870