

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

Do not use this space.

34580

**1. PLACE OF DEATH**

County Butler Waynes Registration District No. 892  
 Township Black River Primary Registration District No. 619A  
 City Gasque Station (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Benjamin Holmes Hughes

(a) Residence, No. Gasque Station Mo. 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>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED <input checked="" type="checkbox"/> HUSBAND OF (OR) WIFE OF <u>Lona Hughes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 10 - 1959</u>		
7. AGE	YEARS	MONTHS
	<u>73</u>	<u>6</u>
		DAYS
		<u>3</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	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) <u>Jan 1950</u>	
11. Total time (years) spent in this occupation. <u>all life</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Waynes Co Mo</u>		
FATHER	13. NAME <u>John L. Hughes</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Harriet P. Hughes</u>	
MOTHER	15. MAIDEN NAME <u>Burnett</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Waynes Co</u>	
17. INFORMANT <u>Robert Hughes</u> (ADDRESS) <u>Gasque Station Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Red Cem. Waynes Co</u> DATE <u>Oct 14</u> 19 <u>32</u>		
19. UNDERTAKER <u>A. J. P. Helms</u> (ADDRESS) <u>Paplar Bluff Mo</u>		
20. FILED <u>Oct 14</u> 19 <u>32</u> <u>W. H. Hattie McMill</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1932 to Oct 13 1932  
 I last saw him alive on Oct 8 1932 Death is said to have occurred on the date stated above, at 11:05 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Gastric Ulcer Date of onset 1930  
117A / 117A  
 Other contributory causes of importance: \_\_\_\_\_

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) O. L. Myers, M. D.  
 (Address) Gasqueville, 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.

JAN 5 1933

Nov 20