

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

Do not use this space.

36690

1. PLACE OF DEATH

County phelps

Registration District No. 677

Township _____

Primary Registration District No. 440.3

City Rolla (No. _____)

St. _____ Ward _____

2. FULL NAME

(Unnamed) Hughes

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Premature Infant

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .6 hrs. or ____ min. 6

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. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Rolla Mo (STATE OR COUNTRY) _____

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) 31

15. MAIDEN NAME Clara Hughes

16. BIRTHPLACE (CITY OR TOWN) Steelville Mo (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Clara Hughes Steelville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Steelville Mo DATE Nov. 25 1932

19. UNDERTAKER (ADDRESS) Wm. J. Myers, D. L. Myers, 101 W. 1st St., Rolla, Mo

20. FILED Nov. 28 1932 Joe. F. Myers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10 A.M. November 27, 1932 to 6:40 P.M. November 27, 1932

I last saw him alive on Nov. 27, 4:10 P.M., 1932 Death is said to have occurred on the date stated above, at 6:40 A.M.

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

Premature 6 months

Date of onset _____

Other contributory causes of importance: 1

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) C. Shumaker, M. D.
(Address) Rolla 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.

9 1932

