

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

Do not use this space.

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File No. 882

Registered No. 40

St. \_\_\_\_\_ Ward \_\_\_\_\_

83

**1. PLACE OF DEATH**

County Waldron

Registration District No. 695

Township Waldron

Primary Registration District No. 5723

City Waldron (No. \_\_\_\_\_)

**2. FULL NAME** Lee Ray 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 8 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (Name of) Mary West

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 23 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 50 9 23

8. OCCUPATION OF DECEASED Farmer  
(a) Trade, profession, or particular kind of work.  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New Cambria (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Daniel J. Hughes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

12. MAIDEN NAME OF MOTHER Mamie Dodson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 31

14. INFORMANT Mrs. L. R. Hughes (Address) \_\_\_\_\_

15. FILED 12/15 1932 J. D. Winkler REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-16 1932

17. I HEREBY CERTIFY, That I attended deceased from 12-11 1932, to 12-16 1932 that I last saw him alive on 12-9 1932 and that death occurred, on the date stated above, at 9-2 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Injury to lung line  
and fracture  
caused by cow  
(duration) \_\_\_\_\_ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 187 (duration) \_\_\_\_\_ yrs. mos. ds. 67

18. WHERE WAS DISEASE CONTRACTED (D)  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) S. T. Ford M. D.  
, 19 (Address) Parpville Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Walnut Grove DATE OF BURIAL 12/18 1932

20. UNDERTAKER Leola Lawrence ADDRESS Parkville

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.

23<sup>rd</sup> of Feb will be 51.

~~1888~~