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.

APR 24 1933

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

Do not use this space.

11974

1. PLACE OF DEATH
County Saline — Registration District No. 796 — File No.
Township — Primary Registration District No. 3038 — Registered No.
City Marshall (No. ... St. ... Ward)

2. FULL NAME William Charles Hughes
(a) Residence. No. Mo State School 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. 6 mos. 10 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 12-1910
7. AGE: YEARS 22 — MONTHS 10 — DAYS 22 — If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Exly
(STATE OR COUNTRY) Ripley Co. Mo.

PARENTS
10. NAME OF FATHER Charles Wm Hughes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Exly.
(STATE OR COUNTRY) Ripley Co. Mo.
12. MAIDEN NAME OF MOTHER Nellie Byrd
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Exly.
(STATE OR COUNTRY) Ripley Co. Mo.

14. INFORMANT Hospital Record
(Address) Marshall Mo
15. FILED 4-1 1933 A. C. Putnam REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 4 1933
17. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1932 to March 4, 1933 that I last saw him alive on March 4, 1933 and that death occurred, on the date stated above, at 1:55 A m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
11A
11A
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) ... yrs. ... mos. ... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H J Maples, M. D.
3/4 1933 (Address) Marshall

*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: Naylor, Mo. — DATE OF BURIAL: Mar 6 1933
20. UNDERTAKER: J. L. Surrey — ADDRESS: Marshall, Mo