

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

Do not use this space.

*Original 30/9/34 in
J. P. Kelly*

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.

1933
201083

1. **PLACE OF DEATH**
 County *St. Louis* Registration District No. *289*
 Township *Central* Primary Registration District No. *6093B*
 City *220 Chestnut (No. on road)* St. _____ Ward _____

File No. _____
 Registered No. *217*

2. **FULL NAME** *William D. Hughes*
 (a) Residence. No. *220 Chestnut* 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.*
 4. COLOR OR RACE *W.*
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) *M -*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Ida S. Hughes*
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) *8-4-1868*
 7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.
65 1 3
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *Retired*
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Eng.*
PARENTS
 10. NAME OF FATHER *Robt. Hughes*
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Mass*
 12. MAIDEN NAME OF MOTHER *Mary Harris*
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Eng.*

14. INFORMANT *A. Evans Hughes*
 (Address) *220 Chestnut*

15. FILED *9/1* 1933 *Greenbury, Mo.* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

7
 16. DATE OF DEATH (MONTH, DAY AND YEAR) *9-9-1933*
 17. I HEREBY CERTIFY, That I attended deceased from *Sept-2-1933* to *Sept-2-1933* that I last saw him alive on *9-2-1933*, and that death occurred, on the date stated above, at *8:45 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial Infarction
 (duration) yrs. mos. ds. *17 131*
 CONTRIBUTORY (SECONDARY) *Cardiovascular hypertrophy*
 (duration) yrs. mos. ds. *2*

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) *J. L. Penley* M. D.
 9/1 1933 (Address) *9209 E. Miera*

*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 DATE OF BURIAL
New St. Marcus *9-9-1933*

20. UNDERTAKER ADDRESS
J. P. Murrells & Sons *2637 Winthrop*

... AGREE should be stated EXACTLY. ...
... is very ...