

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 26 1934

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

Do not use this space.

39112

1. PLACE OF DEATH

County..... Benton
Township..... Cole
City..... (No.)

Registration District No. 59
Primary Registration District No. 5099

File No.
Registered No. 40 St. Ward)

2. FULL NAME

Ronald Wayne 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 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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-11-33</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, <u>11</u> hrs. or <u>11</u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc.	<input checked="" type="checkbox"/>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<input checked="" type="checkbox"/>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Stover Mo
(STATE OR COUNTRY)

13. NAME Ernest L Hughes

14. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Elle E Marriott

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

17. INFORMANT Ernest L Hughes
(ADDRESS) Stover, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stover Cem. DATE Dec 12 1933

19. UNDERTAKER C. P. Raap
(ADDRESS) Stover, Mo

20. FILED Jan 1 1934 Harry Day
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-12-33

22. I HEREBY CERTIFY, That I attended deceased from 12-11-33, 1933, to 12-12-33, 1933

I last saw him alive on 12-11-33, 1933 Death is said to have occurred on the date stated above, at 2:00 A. m.

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

Asphyxiation
100%
100%
100%

Other contributory causes of importance:
Brain injuries during birth

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

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? No
If so, specify
(Signed) R. Brady M. D.
(Address) Stover Mo

