

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.

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

Do not use this space.

791

2798

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township St. Louis Primary Registration District No. 1003  
City St. Louis (No. 3966, Shenandoah)

File No. ....  
Registered No. 434  
St. .... Ward)

2. FULL NAME

Arthur Hughlett  
(a) Residence, No. 3966 Shenandoah St., 17 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22 - 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
69 10 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk (Hotel)  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not employed  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

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

MOTHER 13. NAME Sol. Hughlett

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

MOTHER 15. MAIDEN NAME Elizabeth Gray

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

17. INFORMANT Mrs Maudie Hughlett (ADDRESS) 3966 Shenandoah

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellsville Mo. DATE Jan 13 1934

19. UNDERTAKER Fritz Tard (ADDRESS) 3929 Lafayette

20. FILED 16 1034 19 34 J. T. Budick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 1934

22. I HEREBY CERTIFY That I attended deceased from January 8, 1934 to January 10, 1934

I last saw him alive on Jan. 10, 1934 Death is said to have occurred on the date stated above, at 215 P. m.

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

Other contributory causes of importance  
820  
97

Chronic arteriosclerosis  
Chronic arteriosclerosis

Name of operation None 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? .....  
If so, specify

(Signed) C. M. ... M. D.  
(Address) 2278 S. Jefferson

Mr. Sample.