

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

Do not use this space.

9229

1. PLACE OF DEATH

County Jackson Registration District No. 329
 Township _____ Primary Registration District No. 60
 City Kansas City, Mo (No. St. Marys Hospital) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME Charles Campbell Hughes

(a) Residence, No. 4905 Main 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 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 Mrs. Ethel Hughes
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3, 1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 6 25
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 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) Ballard Mo

FATHER 13. NAME Pleasant Hughes

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

MOTHER 15. MAIDEN NAME Pamela Jane Pawell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centerville, Iowa

17. INFORMANT Mrs. Ethel Hughes
 (ADDRESS) 4905 Main K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 3/30/34

19. UNDERTAKER Freeman Mortuary
 (ADDRESS) Kansas City, Missouri

20. FILED 3-30 1934 m m l r o u e Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28 '34

22. I HEREBY CERTIFY, That I attended deceased from 3/14/34 to 3/28/34

I last saw him alive on 3/28/34, 1934 Death is said to have occurred on the date stated above, at 4 p m.

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

Tumor of Right Cerebrum - Tubercular Lobe - (Gleoma?) - malignant
 Other contributory causes of importance: 538

Date of onset 1930

Name of operation none Date of _____

What test confirmed diagnosis autopsy Was there an autopsy? yes

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) _____ M. D.

(Address) 1034 Pauls Bldg

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

On my Honor
Paid to order
2-4-50 AM