

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.

1. PLACE OF DEATH

County Thomas S. Hughes
Township X
City Windsor (No.)

Registration District No. 14

Primary Registration District No. 7211

File No.

Registered No. 10

St. Ward)

2. FULL NAME

Thomas S. Hughes

(a) Residence, No. 314 North 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 6 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 30 1864</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>0</u>	DAYS <u>1</u>
If LESS than 1 day, hrs. min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rt. Rancher</u>
	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) Windsor, (STATE OR COUNTRY) Missouri

13. NAME Bert Hughes

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

15. MAIDEN NAME Hannie Hammond

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

17. INFORMANT Mrs T.S. Hughes (ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Torrington, Wyoming June 34 1934

19. UNDERTAKER Windsor, Missouri (ADDRESS)

20. FILED 6-1 1934 Windsor, Missouri Registrar

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1934 . 19

22. I HEREBY CERTIFY, That I attended deceased from May 23 1934, to May 31 1934

I last saw him alive on May 31 1934 Death is said to have occurred on the date stated above, at 7:50 PM

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

Cerebral hemorrhage
1934
Windsor, Missouri
Other contributory causes of importance: Nephritis
Date of onset

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) T. A. Blackmore, M. D.
(Address) Windsor, Mo.

