

AUG 13 1935

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

Do not use this space.

22335

1. PLACE OF DEATH
County Calloway Registration District No. 104 File No. _____
Township _____ Primary Registration District No. 3008 Registered No. 168
City Fulton (No. _____) St. _____ Ward _____

2. FULL NAME James Albert Hughlett
(a) Residence, No. Vandalia Mo. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. 9 mos. 3 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 (M, W, W, D)) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Bransetter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 9 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

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 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Harmony Mo.13. NAME Thomas Jenkins Hughlett

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

15. MAIDEN NAME Lamaria Burness

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

17. INFORMANT (ADDRESS) Hosp. Records, St. Hosp #118. BURIAL, CREMATION, OR REMOVAL PLACE Vandalia Mo. DATE 7-30-3519. UNDERTAKER (ADDRESS) W. S. Waters, Vandalia Mo.20. FILED Aug 1, 1935 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1935, to July 30, 1935.
I last saw him alive on July 30, 1935. Death is said to have occurred on the date stated above, at 7:30 p. m.

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

Brachy pneumonia Date of onset 7/29/35

Other contributory causes of importance:

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) E. E. Landis, M. D.
(Address) Fulton Mo.

