

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

Do not use this space.

DEC 26 1935

36053

4276

1. PLACE OF DEATH

County Jackson Registration District No. \_\_\_\_\_

Township North Primary Registration District No. \_\_\_\_\_

City St. Louis (No. Research Hosp St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Braymer, Mo. 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>He.</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 <u>M. B. Gordon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 22 1865</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>0</u>
	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House</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) (STATE OR COUNTRY) <u>Canada</u>		
FATHER	13. NAME <u>George Hughson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>London</u>	
MOTHER	15. MAIDEN NAME <u>Elvray</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>	
17. INFORMANT (ADDRESS) <u>E. C. Pemberton Braymer, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Braymer, Mo.</u> DATE <u>Nov 9 - 35</u>		
19. UNDERTAKER (ADDRESS) <u>Michael James Hall Braymer, Mo.</u>		
20. FILED <u>Nov 10 1935</u> <u>M. M. Crow, West</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 - 1935, to Nov 9 1935. I last saw him alive on 11 - 9 - 1935. Death is said to have occurred on the date stated above, at 29 m. The principal cause of death and related causes of importance were as follows:

Bronchopneumonia  
both sides.

Date of onset 59

Other contributory causes of importance:  
Diabetes mellitus  
Hypertension  
Coronary sclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? ECG test. 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? \_\_\_\_\_ so, specify \_\_\_\_\_  
(Signed) James G. Smith, M. D.  
(Address) 924 Prof. Bldg.

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.

RECORD THIS IS A PERMANENT RECORD

184 animal Black

Puffin Body

12 30 to 4 pm