

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

FEB 20 1936

1272

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KanPrimary Registration District No. 1022City Kansas City(No. 928 Paseo)

File No.

Registered No. 125

St. _____ Ward _____

2. FULL NAME John H McHugh(a) Residence, No. 928 Paseo 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFMrs. Anna McHugh6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20 1845

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, _____ hrs.
or _____ min.90318

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Retired Flagman9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.for K. C. Terminal10. 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)

Nova Scotia Halifax

FATHER

13. NAME

Frank McHugh

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Canada

MOTHER

15. MAIDEN NAME

No record

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

No record

17. INFORMANT

(ADDRESS)

Edward J McHugh
928 Paseo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Marys Cem

DATE

Jan1936

19. UNDERTAKER

(ADDRESS)

Quirk & Tobin Co.
20 West Linwood

20. FILED

Jan 9 1936 m.m. Leroux
Registrar.

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

Jan 8 1936

22. I HEREBY CERTIFY, That I attended deceased from

Dec 1 1935 to Jan 8 1936I last saw him alive on Jan 7 1936 Death is saidto have occurred on the date stated above, at 2:05 P M

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

Chronic Endocarditis

Date of onset

12-1-35

Other contributory causes of importance:

Chronic interstitial
Nephritis

Date of onset

12-1-35

Name of operation

no

Date of _____

What test confirmed diagnosis? clinical 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) Charles Nelson, M. D.(Address) 1200 B. Bldg

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

