

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.

**MAR 21 1936**

6161

**1. PLACE OF DEATH**

County Jackson  
Township Franklin  
City St. Mo. (No. General Hosp #2)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 1130  
St. 3rd Ward

**2. FULL NAME**

(a) Residence, No. 1013 1/2 Charlotte 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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-13-1880</u>		
7. AGE YEARS <u>55</u>	MONTHS <u>9</u>	DAYS <u>6</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>Laborer</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) Mo.

MOTHER FATHER 13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Record Clerk General Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Leads Mo DATE Feb 25/36

19. UNDERTAKER (ADDRESS) Wert Appleton & Jones 1600 E 9th St

20. FILED 24 1936 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19, 1936

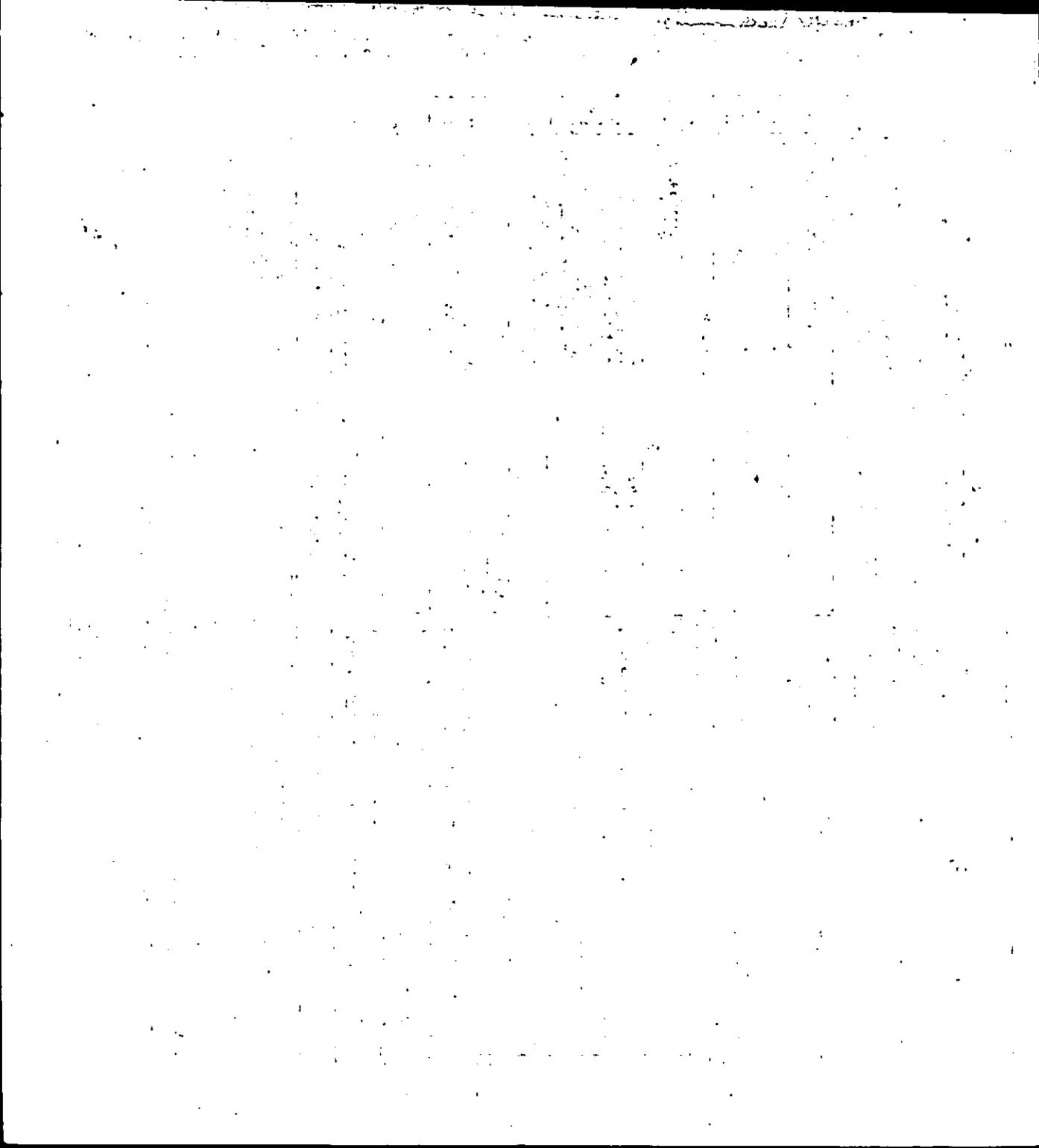
22. I HEREBY CERTIFY, That I attended deceased from 1-18, 1936 to 2-19, 1936  
I last saw him alive on 2-19, 1936 Death is said to have occurred on the date stated above, at 2:15 A.M.  
The principal cause of death and related causes of importance were as follows:

Lung Abscess  
Generalized Sepsis  
Acute Pulmonary Nephroses  
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) J. O. Surges, M.D.  
(Address) General Hosp #2



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CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City..... (No. *General # 2*)..... St. .... Ward.....

File No.....  
Registered No. *980*.....  
St. .... Ward.....

**2. FULL NAME**

*Arthur Hughes*

(a) Residence, No. .... 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 *M.* 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *55*

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

FATHER  
13. NAME

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

MOTHER  
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED *7/24 36 M. M. Crowe* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7/19* 19*36*

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him/her alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

*Lung abscess* (Date of onset)

*(Following Pneumonia)*

Other contributory causes of importance:

*Pulmonary Hemorrhage*  
*(Non-Tuberculous)*

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 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).....

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.

1919-5