WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

JUN 20 1936

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

Do not use this space.

19079

File No.
Registered No. 42

1. PLACE OF DEATH
County Franklin. Registration District No. 297
Township Primary Registration District No. 3016
City Washington, Mo. (No. , St. Ward)

2. FULL NAME William Henry Hughes.
(a) Residence, No. 424 High St. Washington, Mo. 3rd Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. X mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married.

5A. IF MARRIED, ~~WIDOWED OR DIVORCED~~ HUSBAND OF ~~OR FORMERLY OF~~ Mrs. Helen Hughes.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12th, 1873.

7. AGE: Years 62 | Months 6 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) 1935, Jan.
11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Wales, England.

FATHER
13. NAME Henry Hughes.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.

MOTHER
15. MAIDEN NAME Alice Williams.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.

17. INFORMANT Mrs. Helen Hughes.
(ADDRESS) 424 High St., Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington, Mo. DATE May 8th, 1936.

19. UNDERTAKER Nieburg & Vitt, Inc.,
(ADDRESS) Washington, Mo.

20. FILED May 7 1936 A Harvey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6th, 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1936, to May 6, 1936
I last saw him alive on May 6th, 1936. Death is said to have occurred on the date stated above, at 7:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	

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) B. A. Turner M.D., ~~M. D.~~
(Address) Washington, Mo.