

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.

DEC 20 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County Johnson  
Township Columbus  
City                      (No.                      St.                      Ward                     )

Registration District No. 431  
Primary Registration District No. 5590

File No. 41714  
Registered No. 142

2. FULL NAME Millard Filmore 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 22 yrs. mos. 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) WIFE OF Martha Francis Hughes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17 - 1856

7. AGE YEARS 80 MONTHS 1 DAYS 3 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Tenn

FATHER 13. NAME Robert Hughes

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

MOTHER 15. MAIDEN NAME Lucy Whitefield

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

17. INFORMANT (ADDRESS) Mrs R. H. Conrad Holden mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE Nov 23 1936

19. UNDERTAKER (ADDRESS) W. Goodman Holden mo.

20. FILED Nov 23 1936 Eva Bentley Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21, 1936

22. I HEREBY CERTIFY That I attended deceased from Nov 20, 1936, to Nov 21, 1936

I last saw him alive on Nov 20, 1936 Death is said to have occurred on the date stated above, at 5:00 P. M.

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

Chronic myocarditis Date of onset ?

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis Cholesterol Was there an autopsy? Yes

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. J. Eshelauer M. D.

(Address) W. P. Eshelauer NO

