MAR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Adair — Registration District No. 4 — File No. 4797

Township — Primary Registration District No. 3001 — Registered No. 29

City Kirksville (No. ..., ..., St. ..., Ward)

2. FULL NAME Anderson Grover Hughes

(a) Residence, No. 429 W. Missouri St., ..., Ward. 1
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Francis Hughes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 25, 1852

7. AGE: YEARS 84 — MONTHS 1 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ret. 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): Missouri

FATHER
13. NAME: Edward Hughes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): don't know

17. INFORMANT (ADDRESS): Virgil Hughes, Novinger, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Grove Cemetery DATE Feb. 18, 1937

19. UNDERTAKER (ADDRESS): Llewellyn & Son, Novinger, Mo.

20. FILED Feb. 17, 1937 Spencer L. Freeman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb., 1937, to Feb. 15, 1937
I last saw him alive on Feb. 15, 1937. Death is said to have occurred on the date stated above, at 10:30 am m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Broncho-pneumonia	

Other contributory causes of importance: 10 yrs

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 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? .....
If so, specify .....
(Signed) R. O. Stickler, M. D.
(Address) Kirksville Mo

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.