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.

APR 19 1937

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

Do not use this space.

1. PLACE OF DEATH
County GASCONADE — Registration District No. 303 — File No. 11846
Township ROARK — Primary Registration District No. 5420 — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME DANIEL HUG
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 51 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~~ SETTEE WITTHOUS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR 27 1852
7. AGE: YEARS 84 — MONTHS 11 — DAYS 9 — If LESS than 1 day, ✓ hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FARMER
10. Date deceased last worked at this occupation (month and year) 1920
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HERMANN MO

FATHER
13. NAME DANIEL HUG
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWITZERLAND

MOTHER
15. MAIDEN NAME NEE KAISER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWITZERLAND

17. INFORMANT (ADDRESS) BEN HUG HERMANN MO
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE BERGER DATE MAR 10 1937
19. UNDERTAKER (ADDRESS) HERMAN BLUHER BERGER MO
20. FILED 3-9 1937 Anna R. Rickhoff Registrar

MEDICAL CERTIFICATE OF DEATH 8 a.m.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR-8 1937
22. I HEREBY CERTIFY, That I attended deceased from Febr. 12, 1937, to Mar. 8, 1937
I last saw him alive on March 2, 1937. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	Do not know

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) John Engelbrecht, M. D.
(Address) Stanghill, Mo.