

APR 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Lawrence
Township Wetmore
City

Registration District No. 470Primary Registration District No. 5-633File No. 12431Registered No. 32(No. Mo State Sanatorium St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7-19167. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
20 4 2OCCUPATION 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. farm.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation life12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dalton MoMOTHER 13. NAME Robert Hughes Sr14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co15. MAIDEN NAME Mamie Withers16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co17. INFORMANT deceased18. BURIAL, CREMATION OR REMOVAL PLACE Dalton Mo DATE March 9 193719. UNDERTAKER (ADDRESS) Wetmore20. FILED March 9 1937 A. Roberson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9 193722. I HEREBY CERTIFY, That I attended, deceased from Feb 27 1937 to March 9 1937I last saw him alive on March 9 1937 Death is said to have occurred on the date stated above, at 11:50 P.M.

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

Abdominal Malignancy Date of onset 1936
Origin unknownOther contributory causes of importance: 53Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____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. D. Stocker M. D.
(Address) Wetmore 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.

