

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.

MAY 17 1937

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

Do not use this space.

15580

1. PLACE OF DEATH  
 4 County Andrew Registration District No. 25  
 Township Martinsburg Primary Registration District No. 4019  
 City Martinsburg, Mo. St. Quincy, Ill. Ward. 2  
 2. FULL NAME Vernie J Hughes (If nonresident, give city or town and State)  
 (a) Residence, No. 2 weeks St. 2 Ward. 2  
 (Usual place of abode) yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.  
 Length of residence in city or town where death occurred

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 Mr. Vernie Hughes (or) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3 - 1900  
 7. AGE YEARS 36 MONTHS 5 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. laborer  
 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

MOTHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co., Mo.

FATHER  
 13. NAME Alvin H. Hughes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co., Mo.

15. MAIDEN NAME Esther J. Galloway

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co., Mo.

17. INFORMANT Mr. W. H. Stanger (ADDRESS) 1200 E. 1st St., Quincy, Ill.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Mexico, Mo. DATE Apr. 27, 1937

19. UNDERTAKER W. S. Shetter (ADDRESS) Mexico, Mo.

20. FILED April 27, 1937 Mary C. Jacobi Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1937  
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1936 to April 25, 1937  
 I last saw him alive on April 25, 1937 Death is said to have occurred on the date stated above, at 2:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Apoplectic Stroke

Other contributory causes of importance: Absence of Kidneys

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 Feb 20, 1932  
 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 S. L. Dent Lusk, M. D.  
 (Signed) Martinsburg, Mo. (Address)

