

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 19 1937

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

Do not use this space.

16102

1. PLACE OF DEATH

County Clayton
Township Platt
City (No. _____) _____ St. _____ Ward _____

Registration District No. 210
Primary Registration District No. 3290

File No. _____
Registered No. 5

2. FULL NAME

Henry C. Hughes
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-18-1856
7. AGE YEARS 81 MONTHS 2 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1937
22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937 to April 8, 1937
I last saw him alive on April 1, 1937. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

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 _____

Myocarditis
Other contributory causes of importance: None
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton Co Mo
13. NAME Chl John T Hughes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
15. MAIDEN NAME Mary Carpenter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
17. INFORMANT Angie Hughes (ADDRESS) Osborn

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 _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Osborn DATE April 9, 1937
19. UNDERTAKER F. E. Smith (ADDRESS) Stewartsville Mo
20. FILED Apr 9, 1937 John Kay Registrar.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. B. D. [Signature] M. D.
(Address) Plattsburg, Mo

MAR 8 1946