JAN 15 1938

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

Do not use this space.

File No. 44753
Registered No. 1358

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 1004
Township: — Primary Registration District No.:
City: St Joseph (No. St Joseph Hosp St. Ward)

2. FULL NAME Peter J Hughes
(a) Residence, No. 1923 So 4 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred: 74 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: Bridget Hughes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 2 1869

7. AGE: Years 68 Months 7 Days 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: WPA Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 30
10. Date deceased last worked at this occupation (month and year): 1937
11. Total time (years) spent in this occupation: 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Joseph Mo

FATHER
13. NAME: Dave Hughes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Mary Robinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Bridget Hughes 1923 So 4

18. BURIAL, CREMATION, OR REMOVAL: Mt Olivet DATE: Dec 15 37

19. UNDERTAKER (ADDRESS): Barry-Hyde 218 So 10

20. FILED: 12/14 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1937, to Dec 12 1937
I last saw him alive on Dec 11 1937. Death is said to have occurred on the date stated above, at 4:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4 days

Other contributory causes of importance: 108

Name of operation: None Date of:
What test confirmed diagnosis? X Ray 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) Oscar W Leary, M. D.
(Address) 303 Metropolitan Bldg

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