

JAN 25 1938

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

Do not use this space.

45713

1. PLACE OF DEATH

County Wayne  
Township St. James  
City (No. ....) St. .... Ward

Registration District No. 890 6155  
Primary Registration District No. 4034

File No. 45713  
Registered No. ....

2. FULL NAME ANDREW COLUMBUS 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 1 1/2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 2 - 1944</u>		
7. AGE	YEARS <u>87</u>	MONTHS <u>8</u>
	DAYS <u>6</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8, 1936  
22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1936 to Oct 8, 1936  
I last saw him alive on Oct 6, 1936 Death is said to have occurred on the date stated above, at 6.9 m.  
The principal cause of death and related causes of importance were as follows:

Enterocolitis Date of onset 10/6/36

Other contributory causes of importance:

120B

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 ..... 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? .....  
If so, specify .....  
(Signed) O. C. Myers, M. D.  
(Address) Greenville, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	13. NAME <u>William Hughes</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>OK</u>	15. MAIDEN NAME <u>OK</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>OK</u>	17. INFORMANT <u>Paul Hughes</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty Hall</u> DATE <u>10-8-36</u>	19. UNDERTAKER (ADDRESS) <u>Greenville, Mo.</u>
20. FILED <u>10-8</u> 19 <u>36</u> <u>O. C. Myers</u> Registrar		

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.

