

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.

REC'D SEP 23 1938

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

Do not use this space.

1. PLACE OF DEATH  
 County Harrison Registration District No. 341  
 Township Ridgeway Primary Registration District No. 4204  
 City Ridgeway (No. 2.2.0) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Logan J. McHugh  
 (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. (If nonresident, give city or town and State)

289816

File No. \_\_\_\_\_  
 Registered No. 91

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 11, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 3 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler

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) June, 1938 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Matmorres Ohio

13. NAME David McHugh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkown Ohio

15. MAIDEN NAME Margaret Boyd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkown Pa

17. INFORMANT Mrs. L. J. McHugh (ADDRESS) Ridgeway Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mountaub MO DATE July 2 38

19. UNDERTAKER R. Bayan + Son (ADDRESS) Ridgeway Mo

20. FILED 7-2 1938 L. C. Brewer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1938, to June 30, 1938.  
 I last saw him alive on June 30, 1938. Death is said to have occurred on the date stated above, at 4:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage Date of onset \_\_\_\_\_  
9261

Other contributory causes of importance:  
Hypertension 1936

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physical 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?  
 If so, specify \_\_\_\_\_ (Signed) L. C. Brewer, M. D.  
359 (Address) Ridgeway

