

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

Do not use this space.

DECD SEP 23 1938

29,243

**1. PLACE OF DEATH**

50 County Jessamine Registration District No. 421  
 3 Township Festus Primary Registration District No. 4249  
 1 City Festus (No. 220) St.        Ward)       

File No.         
 Registered No. 80

**2. FULL NAME**

Lindell Roy Hughes  
 (a) Residence, No.        St.        Ward.         
 (Usual place of abode) (If nonresident, give city or town and State)  
 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**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-2-38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
0 0 0

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Festus, Mo.

FATHER 13. NAME Lindell Hughes

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

MOTHER 15. MAIDEN NAME Walter Coffman

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

17. INFORMANT Lindell Hughes (ADDRESS) Festus, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Asheps City DATE 8-2-38

19. UNDERTAKER Fresh Pond Co. (ADDRESS) Asheps City, Mo.

20. FILED 8-4 1938 J. E. Ruthledge Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-2 1938

22. I HEREBY CERTIFY, That I attended deceased from       , 19      , to       , 19      

I last saw h.        on       , 19      . 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:

Asphyxia neonatorum

Date of onset       

Other contributory causes of importance:       

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) B. Bolger, M. D.

(Address) Festus, Mo.

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.

