

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 MAR 15 1938

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

Do not use this space.

6155

**1. PLACE OF DEATH**

County Carroll,  
Township Washington,  
City..... (No..... St..... Ward)

Registration District No. 138  
Primary Registration District No. 3203

File No.....  
Registered No. 113

**2. FULL NAME** Walter G. Hughes,

(a) Residence, No..... St..... Ward.....  
(Usual place of abode)

Length of residence in city or town where death occurred All his life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male, 4. COLOR OR RACE White, 5. ~~Single~~ MARRIED, ~~Married~~ OR Married,  
(write the word)

5A. IF MARRIED, HUSBAND OF (OR) WIFE OF Sadie Hughes,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November-5th-1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	64	5	2	

OCCUPATION  
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. Farming,  
10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Carroll County,  
(STATE OR COUNTRY) Missouri,

FATHER  
13. NAME Evan D. Hughes,

14. BIRTHPLACE (CITY OR TOWN) Wales,  
(STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME Margaret E. Thomas,

16. BIRTHPLACE (CITY OR TOWN) Ohio.  
(STATE OR COUNTRY)

17. INFORMANT Mrs. Sadie Hughes  
(ADDRESS) Braynu, Mo. F. D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Low Gap Cemetery-April-10-1938

19. UNDERTAKER E. P. Michael  
(ADDRESS) Braynu Mo.

20. FILED Feb 9 1938 B. C. Cole  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 1938

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1936, to April 6, 1938  
I last saw him alive on April 6, 1938. Death is said

to have occurred on the date stated above, at 9:30 A.M.  
The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia Date of onset 4-5-38

Other contributory causes of importance:  
Cardiac Insufficiency 1936  
Chronic Glomerulonephritis 1936  
Secondary Anemia 1936

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? no

If so, specify.....  
(Signed) John R. Crank M.D.  
Braynu, Missouri  
122 (Address)

**RECEIVED**  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 9/3/39