

REC'D JUL 11 1939

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

21698  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Callaway 3 Registration District No. 104  
(b) Township Fulton 1 Primary Registration District No. 3008 Registered No. 174  
(c) City Fulton (d) Street No. State Hospital #1 St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 29 yrs. 6 mos. 30 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Alexander S. Hughes  
(a) Residence, No. Cole County St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
88 88 2 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. laborer  
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) Missouri

13. NAME Unknown 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) State Hospital #1 - record Fulton Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Kirkville, Mo DATE July 4, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo S. Callaway Fulton, Missouri

20. FILED July 4 1939 A. N. Crews Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 7<sup>th</sup> 1938 to June 30, 1939  
I last saw him alive on June 30, 1939. Death is said to have occurred on the date stated above, at 11:45 A.M.  
The principal cause of death and related causes of importance were as follows:

Senility

Other contributory causes of importance:

Malnutrition - N.M.W

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? No 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) Geo. F. Wood, M. D.

106 (Address) State Hwy #1 Fulton Mo

12-1-1880

~~7-2-1~~

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Geo G Wallace*

Licensed Embalmer No. 3373

P. O. Address Fulton Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**