

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

Do not use this space.

13370

**1. PLACE OF DEATH**

County Prescott Registration District No. 608  
Township East Franklin Primary Registration District No. 5807  
City Lawrence (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 7

**2. FULL NAME**

Henry Roland Hughes

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

Length of residence in city or town where death occurred 74 yrs. 6 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, WIDOWED OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4th. 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
74      10      4

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Farmer.  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Logan  
(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER John Hughes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Logan  
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Elizabeth Thomas

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Logan  
(STATE OR COUNTRY) Kentucky

14. INFORMANT Charity C. Hughes  
(Address) Lawrence Mo RR 1

15. FILED File 7, 1932 L. N. Parnell  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 8 - 1932

17. I HEREBY CERTIFY, That I attended deceased from April 7 1932, to April 8 1932, that I last saw him alive on April 7 1932 and that death occurred, on the date stated above, at \_\_\_\_\_ a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Urging Peritonis  
944

CONTRIBUTORY (SECONDARY) JFA  
(duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 8  
IF NOT AT PLACE OF DEATH. DATE OF \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

19. WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed): S. R. Russell M. D.  
April 1932 (Address) Lawrence Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Victorville  
lice Cemetery DATE OF BURIAL April 10 1932

20. UNDERTAKER Ed. M. Denny ADDRESS 3564 Fairmount

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

