

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

Do not use this space.

20682

1. PLACE OF DEATH

County Richman

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph mo (No. ....)

File No. ....

Registered No. 700

St. ....

Ward) ....

2. FULL NAME Henry Hughes

(a) Residence. No. 329 W. Missouri Ave 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. /

yrs.

mos.

ds. /

How long in U.S., if of foreign birth? yrs. mos. ds.

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Harriet Hughes

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

Unknown 18 3 7

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, .... hrs. or .... min.

90 Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

miner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Galloway co

Unknown

PARENTS

10. NAME OF FATHER

Sampson Hughes

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

Kentucky

12. MAIDEN NAME OF MOTHER

Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

Kentucky

14.

INFORMANT

Address

Atis Hughes

maple St Richmond mo.

15.

FILED

19

John G. Utz

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 7-27  
1927

17.

I HEREBY CERTIFY, That I attended deceased from June 21, 1927, to July 7, 1927, that I last saw him alive on July 6, 1927, and that death occurred, on the date stated above, at 10:40 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

chronic mitral insuff  
chronic right heart failure  
Several  
Several

18. WHERE DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) Doctors Woodson, M. D.

7/8-1927 (Address) 216 W. W. Ave

\*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

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

Richmond mo  
B. H. Isaacs

7-10 1927  
1309 1/2 St

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.

AUG 16 1927

