

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

Do not use this space.

3273

**1. PLACE OF DEATH**

County Ste. Genevieve  
Township Union  
City (No. ....) (Name ....) (Ward)

Registration District No. 934  
Primary Registration District No. 6026

File No. ....  
Registered No. 3

**2. FULL NAME** Francis Marian Hughes

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

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (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** Isabelle Hughes

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Apr. 1 - 1842

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	<u>86</u>	<u>9</u>	<u>4</u>	

**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)** Virginia  
(STATE OR COUNTRY)

**10. NAME OF FATHER** Hudson Hughes

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** don't know  
(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER** don't know

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** don't know  
(STATE OR COUNTRY)

**14. INFORMANT** Harvey Hughes  
(Address) Cantwell Mo.

**15. FILED** 2-2-29 W. A. Kotte  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Jan 27 1929

**17. I HEREBY CERTIFY** That I attended deceased from Jan 27, 1929, to Jan 29, 1929, that I last saw him alive on Jan 27, 1929, and that death occurred, on the date stated above, at .....

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Coronary Arteriosclerosis

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, Home

**19. DID AN OPERATION PRECEDE DEATH?** No DATE OF .....

**20. WAS THERE AN AUTOPSY?** No

**WHAT TEST CONFIRMED DIAGNOSIS?** Clinical  
(Signed) Rappaport, M. D.

(Address) Farmington

\*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**

Little Vine

**20. UNDERTAKER**

C. J. Boyer

**DATE OF BURIAL**

Jan 27 1929

**ADDRESS**

Desloge

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.

PERMANENT RECORD

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