

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

PLACE OF DEATH
County Johnson
Township Madison
or
Village
or
City

Registration District No. 427 File No. 38500
Primary Registration District No. 5582 Registered No. 26
City _____ No. _____ St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Bertha C. Hughes.

PERSONAL AND STATISTICAL PARTICULARS

SEX female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED single
(Write the word)

DATE OF BIRTH Jan. 15, 1895
(Month) (Day) (Year)

AGE 14 yrs. 10 mos. 25 ds.
If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Mountville Mo.

PARENTS NAME OF FATHER C. S. Hughes. BIRTHPLACE OF FATHER Ill.
MAIDEN NAME OF MOTHER Mrs. Duley BIRTHPLACE OF MOTHER Iowa

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. S. Hughes
(ADDRESS) Odessa Mo.

Filed Dec 13 1910 Edwin C. Andrews REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 8, 1910, to Dec 10, 1910, that I last saw her alive on Dec 10, 1910, and that death occurred, on the date stated above, at 6 P.M.
The CAUSE OF DEATH* was as follows:

Epilepsy
(Duration) _____ yrs. 3 mos. 3 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) W. D. Barclay M. D. Dec 11, 1910 (Address) Odessa Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the _____ State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Woods Chapel. DATE OF BURIAL Dec. 12, 1910
UNDERTAKER L. C. Wiseman. ADDRESS Odessa Mo.

