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

Do not use this space.

27749

CT 27 1927

1. PLACE OF DEATH

County: Macon — Registration District No.: 527 — File No.:

Township: Bevier — Primary Registration District No.: 5703 — Registered No.: 30

City: ..... (No. ..... St. ..... Ward)

2. FULL NAME: Mary Ann Hughes

(a) Residence. No. ..... St. ..... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: wh.

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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Jno. H. Hughes

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feby 8 1855

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72	6	24	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Johnstown
(STATE OR COUNTRY): Pa

PARENTS

10. NAME OF FATHER: Miles Edmunds

11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): S. Wales

12. MAIDEN NAME OF MOTHER: Mary Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): S. Wales

14. INFORMANT: Dan Hughes
(Address): Bevier Mo

15. FILED 9/7, 1927 Ted Peake
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 2nd 1927

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1927, to June 12, 1927, that I last saw her alive on June 12, 1927, and that death occurred, on the date stated above, at 5:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Probably:
Cardiac - renal disease
9 S B (duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 9 S B (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) T. F. Turner, M. D.
, 19 (Address)

*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: East Oakwood Cemetery — DATE OF BURIAL: 9/4 1927

20. UNDERTAKER: W. F. Edwards — ADDRESS: Bevier Mo

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.