

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

29254

OCT 29 1927

1. PLACE OF DEATH
 County Saline Registration District No. 796 File No. _____
 Township _____ Primary Registration District No. 3038 Registered No. 121
 City Marshall St. _____ Ward _____

2. FULL NAME Marcella Ann Hughes
 (a) Residence. No. _____ St. _____ 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. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 9 - 1843
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 0 18
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housekeeper
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 27 1927
 17. I HEREBY CERTIFY, That I attended deceased from Apr. 16, 1927, to Sept 27, 1927
 that I last saw him alive on Sept 27, 1927, and that death occurred, on the date stated above, at 11:15 a.m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
No particular disease
1867
19413 (duration) yrs. mos. ds.
 CONTRIBUTORY Bed ridden from broken hip (SECONDARY)
for 3 1/2 yrs - accidental fall by (duration) yrs. mos. ds.
tripping over a floor rug
 18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHO TEST CONFIRMED DIAGNOSIS? W. W. Campbell, M. D.
 (Signed) _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo
 10. NAME OF FATHER J. H. Gilliam
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Va
 12. MAIDEN NAME OF MOTHER Elizabeth A. Lynd
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Va

14. INFORMANT Mrs. Chas. P. Miller
 (Address) Marshall Mo
 15. FILED 9/28 1927 J. H. Manning REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ridge Park Cem DATE OF BURIAL Sept 28 1927
 20. UNDERTAKER R. W. Campbell ADDRESS Marshall

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Every item of information should be carefully supplied.

