MAR 21 1929

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

5512

85

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 1001 — File No.:

Township: — Primary Registration District No.: — Registered No.: 175

City: St Joseph (No. State Hospital #2 St. Ward)

2. FULL NAME: Mrs. Eva C. Hughes

(a) Residence. No. State Hosp #2 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. 4 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: W. C. Hughes

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 16 1872

7. AGE: Years 56. Months 6 Days 20 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): U.S.
(STATE OR COUNTRY): Unknown

PARENTS

10. NAME OF FATHER: unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): unknown.

12. MAIDEN NAME OF MOTHER: unknown.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): unknown

14. INFORMANT (Address): records

15. FILED 19 John G. Utz REGISTRAR

FEB 12 1929

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 6 1929.

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1929, to Feb 6, 1929, that I last saw her alive on Feb 5, 1929, and that death occurred, on the date stated above, at 12 30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Toxaemia due to gangrene of legs. 59
48 B
69 P (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY): Diabetes Mellitus.
unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? unknown

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.

(Signed) E. S. Bereuds, M. D

2/6, 1929 (Address) State Hosp #2

*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: Mt. Mora — DATE OF BURIAL: Feb. 12, 1929

20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1208 Francis