

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

Do not use this space.

9539

1. PLACE OF DEATH

County Boone Registration District No. 73 File No. 851539
 Township Columbia Primary Registration District No. 3006 Registered No. _____
 City _____ (No.) _____ St. _____ Ward _____

2. FULL NAME

Bette Gene Tompkins Hughes
 (a) Residence. No. _____ Columbia mo 1st 2 Ward. _____ (If nonresident give city or town and State)
 (Usual place of abode) _____ (If nonresident give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 11 - 1929
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 11 hrs. 36 min.

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 11 1929
 17. I HEREBY CERTIFY, That I attended deceased from 3-11-1929, to 3-11-1929, that I last saw him alive on 3-11-1929, and that death occurred, on the date stated above, at 10:30 P.M.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at Home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:
16. Congestive heart failure.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 CONTRIBUTORY (SECONDARY) 3, not further

9. BIRTHPLACE (CITY OR TOWN) Boone Co Mo (STATE OR COUNTRY)
 10. NAME OF FATHER Robert Hughes
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boone Co Mo (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Bette Tompkins
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jefferson City Mo (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? normal
 (Signed) W. E. Deason, M. D.
3/12/29, 1929 (Address) Columbia, Mo.

14. INFORMANT Robert Hughes (Address) Columbia, Mo. R.F.D. 2
 15. FILED 3-17 1929 Beatrice Guebb REGISTRAR

*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 Travis Grove Cemetery DATE OF BURIAL May 12 1929
 20. UNDERTAKER R. F. Baker ADDRESS Columbia

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.

22 1929

