

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

Do not use this space.

32926

**1. PLACE OF DEATH**

County Barton  
Township Union  
City..... (No.....)..... St..... Ward.....

Registration District No. 1017  
Primary Registration District No. 2060

File No. 6  
Registered No. 6 St. .... Ward.....

**2. FULL NAME**

Nancy Blaise Hughes

(a) Residence. No..... St..... Ward.....  
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1858 Jan 31

7. AGE YEARS 71 MONTHS 8 DAYS 9 IF LESS than 1 day, hrs. or min.

**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

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Lawrence Co Ind

**10. NAME OF FATHER**

Wm T. Hughes

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Washington Co Ind

**12. MAIDEN NAME OF MOTHER**

Mary Ann J. Hank

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Ohio

**14.**

INFORMANT J. M. Hughes  
(Address) Waukegan Mo

**15.**

FILED Nov 10, 1929 C. D. Local  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct - 10 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec - 15 - 1928, to Oct 10 - 1929 that I last saw her alive on Sept 30 - 1929, and that death occurred, on the date stated above, at 3:00 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of Stomach  
460

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) W. H. Popplewell M. D.

10-10-29 (Address) Lamar Mo.

\*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**

Bakers Grove

**DATE OF BURIAL**

Oct 11 1929

**20. UNDERTAKER**

J. B. Beeny & Sons

**ADDRESS**

Sheldon Mo

WHITE 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.

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