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

Do not use this space.

11877

MAY 23 1930

1. PLACE OF DEATH
County Callaway — Registration District No. 104 — File No.
Township — Primary Registration District No. 3008 — Registered No. 73
City Fulton (No. ..., ... St. ... Ward)

2. FULL NAME Mary Ellen Hush

(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George E. Hush

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 10/11 1882

7. AGE: Years 47 — Months 5 — Days 23 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(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) Mo.

PARENTS
10. NAME OF FATHER: James Dillon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER: Serena Capp
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Mo.

14. INFORMANT: G.E.Hush
(Address) Fulton Mo.

15. Filed April 4 1930 R. N. Crews, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4/4 1930

17. I HEREBY CERTIFY, That I attended deceased from May 5, 1929, to April 4th, 1930, that I last saw her alive on April 4th, 1930, and that death occurred, on the date stated above, at 10 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach
4 6 30
(duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) 44a
(duration) ... yrs. ... mos. ... ds.

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? ...
(Signed) A. D. Ferguson, M. D.
, 19 (Address) Fulton 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: Hillcrest Cemetry — DATE OF BURIAL: 4/6 1930

20. UNDERTAKER: Herndon Taylor — ADDRESS: Fulton 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.