MAR 24 1931

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

Do not use this space.

5182

File No. .....

Registered No. 110

1. PLACE OF DEATH
County Greene
Township Springfield
City Springfield (No. 1216 Rogers St. ..... Ward)
Registration District No. 318
Primary Registration District No. 2041

2. FULL NAME Emma Hughes
(a) Residence. No. 1216 Rogers 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) June 4 - 1867

7. AGE: Years 63 | Months 8 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

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

PARENTS
10. NAME OF FATHER: James C. Agee
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Jane Lambeth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: J. E. Mills
(Address) 1451 W. Florida, Springfield Mo.

15. FILED 2-11, 1931 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 8 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1931 to Feb 8, 1931 that I last saw her alive on Feb 7, 1931, and that death occurred, on the date stated above, at 9 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of breast with metastases to axilla mediastinum etc (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 50 (duration) 47 B yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 53 E
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) A. D. Krabb, M. D
2-11, 1931 (Address) 450 E. Coml

*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: Murray County
DATE OF BURIAL: Feb 10 1931

20. UNDERTAKER: J. W. Klingner & Co 424 E. Coml St Springfield
ADDRESS: 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.

113