

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

Do not use this space.

21369

**1. PLACE OF DEATH**

County Jackson  
Township Raw  
City Kansas City (No. 770 East 35th)

Registration District No. 399  
Primary Registration District No. 1007

File No. \_\_\_\_\_  
Registered No. 2502  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs Minnie L Hughes  
(a) Residence No. 770 E 35th St., 5 Ward.

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 13 - 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>61</u>	<u>7</u>	<u>21</u>	

**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) Gastonia  
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Simon Howell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pa.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Christiana Clepar

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ind.  
(STATE OR COUNTRY)

14. INFORMANT Mrs Zebna Hughes  
(Address) 770 E 35th

15. FILED 6/5 1931 M. M. Brown  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 4 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1930, to June 4, 1931, that I last saw her alive on June 30, 1931, and that death occurred, on the date stated above, at 7:20 a.m.

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

Carcinoma of right kidney

5.3A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Carcinoma right kidney

4.7 kidney (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 10 years ago in Kansas City Mo

IF NOT AT PLACE OF DEATH, (CITY OR STATE) Kansas City Mo

DID AN OPERATION PRECEDE DEATH? no DATE OF June 4

WHAT TEST CONFIRMED DIAGNOSIS? X Rays

(Signed) J. J. Mackay, M. D.

(Address) 6-5 1931 K 6 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 Lewiston Ill DATE OF BURIAL June 7 1931

20. UNDERTAKER R. L. Lindsey 1. S. Mo Kan City, Mo ADDRESS

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.

Post Bldg  
11 AM Friday