

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

Do not use this space.

19083

1. PLACE OF DEATH

27 County Cooper Registration District No. 22
Township Otterville Primary Registration District No. 5302
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 65 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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF See Griffin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
90 2 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

13. NAME Richard Hughes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Mary Beddows

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Mrs. E. W. Sanford
Otterville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Smithton DATE June 19 1932

19. UNDERTAKER (ADDRESS) P. F. Younger
Smithton, Mo

20. FILED 6/21 1932 W. H. Fogle
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1932

22. I HEREBY CERTIFY That I attended deceased from June 12 1932 to June 17 1932
I last saw her alive on June 17 1932 Death is said to have occurred on the date stated above, at 7-15 P. M.

The principal cause of death and related causes of importance were as follows:

Hypertension
131
112
131

Other contributory causes of importance: chronic nephritis 1930

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) W. H. Fogle M. D.
(Address) Otterville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 23 1932

