

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

Do not use this space.

30199

1. PLACE OF DEATH

94 County Madison Registration District No. 775
Township Berry Primary Registration District No. 6020
City Bonneton, Mo (No. _____) St. _____ Ward _____

File No. _____
Registered No. 74

2. FULL NAME

Ella Hughes
(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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Crawford Hughes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 11 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 210M
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) Washington County, Missouri

13. NAME Wm Sutton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County, Missouri

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT (ADDRESS) Mrs. C. E. Chenoweth, 720 W 38th Kansas City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Caldonia, Mo DATE 9/4 1932

19. UNDERTAKER (ADDRESS) Berham and Co, Bonneton, Mo

20. FILED 9/4 1932 V. A. Don Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:
Automobile collision injury
(Coroner's Verdict)

Date of onset 8-27-32

Other contributory causes of importance: 210 (5)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 8-27-32
Where did injury occur? State Highway 61 - near DeLage
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Auto collision
Nature of injury Injury to lower left lung

24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify _____
(Signed) R. B. Roster Coroner, M. D.
(Address) DeLage, Mo.

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.

SEP 26 1932

