

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

Do not use this space.

22987 ³/_C

1. PLACE OF DEATH
46 County West Plains Mo Registration District No. 384
Township _____ Primary Registration District No. 5531-
City Howes (No. _____) St. _____ Ward _____
2. FULL NAME Lacey C. Hughes
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) _____
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. (If nonresident, give city or town and State)

File No. 64
Registered No. _____
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fw 4. COLOR OR RACE wht 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF D. J. Hughes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) apr 26 1880
7. AGE YEARS 73 MONTHS 2 DAYS 20 IF LESS than 1 day,hrs. ormin.
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) Hart Co., Ky.
13. NAME Ray Guess
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hart Co., Ky.
15. MAIDEN NAME Ameyda Terry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.
17. INFORMANT Wm. Hughes
(ADDRESS) West Plains Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Old Union DATE 7-17-33
19. UNDERTAKER McFarlands
(ADDRESS) _____
20. FILED 7-17-33 1933 O. Pratt Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-16-33
I HEREBY CERTIFY That I attended deceased from June 1-1933 to July 15-1933
I last saw her alive on July 14-1933 Death is said to have occurred on the date stated above, at 12:40 m.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis Date of onset 131
130 / 131
Other contributory causes of importance:
Chronic Thypentitis
Name of operation _____ Date of _____
What test confirmed diagnosis Urinalysis 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? No
If so, specify _____
(Signed) W. H. ... M. D.
(Address) West Plains Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

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U. S. NO. 2

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