MAY 25 1934

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

Do not use this space.

13806

File No. 152

Registered No. 668

1. PLACE OF DEATH
County: Pettis
Registration District No.: 668
Township:
Primary Registration District No.: 3032
City: Sedalia (No. 620 So. Summitt St. Ward)

2. FULL NAME: Myrta Stella Hughes
(a) Residence, No. 620 S. Sum. 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| F | W | Widow |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 3 1864

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 69 | 9 | 27 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Mich.

FATHER
13. NAME: Marshal Joslin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

MOTHER
15. MAIDEN NAME: Mary Rice
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

17. INFORMANT: Frank Hughes
(ADDRESS): Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: High Point DATE: May 2 1934, 19

19. UNDERTAKER: Gillespie Funeral Home
(ADDRESS): Sedalia Mo.

20. FILED 5-2-, 1934 Jean Slack Registrar.

## MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 30/34, 19

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1934 to April 30, 1934, I last saw her alive on April 30, 1934. Death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
1 d
108 F

Date of onset

Other contributory causes of importance:
Influenza

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) E. L. Swavely, M. D.
(Address) Sedalia 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.

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