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.

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

Do not use this space.

39228

15

1. PLACE OF DEATH
County Holt — Registration District No. 368 — File No.
Township Lincoln — Primary Registration District No. 4214 — Registered No. Five
City Corning (No. , St. Ward)

2. FULL NAME Minnie M. Hughes
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17-1883

7. AGE — YEARS 51 — MONTHS 5 — DAYS 18 — If LESS than 1 day, hrs. or min.

OCCUPATION
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. same.
10. Date deceased last worked at this occupation (month and year) Oct 1-1934
11. Total time (years) spent in this occupation 20 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps City mo.

FATHER
13. NAME Sam Cheeseman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Langdon mo.

MOTHER
15. MAIDEN NAME Elinor A. Hanley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps mo.

17. INFORMANT (ADDRESS) Sam Hughes Corning mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Cem. DATE Nov 7 1934
Mar Oregon mo.

19. UNDERTAKER (ADDRESS) Lester Pittsch Oregon mo.

20. FILED 11-7 1934 Evan Daulers Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1934, to Nov 5, 1934
I last saw her alive on Nov - 5, 1934 Death is said to have occurred on the date stated above, at 7:50 P m.
The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis — Date of onset
Other contributory causes of importance: Cerebral Hemorrhage
Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

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) J. M. Davis, M. D.
(Address) Craig mo