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.

39550

DEC 18 1934

399

1. PLACE OF DEATH

County Jackson — Registration District No. 1002 — File No. 5061

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. K C General Hosp St. Ward)

2. FULL NAME Gladys Hughes

(a) Residence, No. 1304 Charlotte Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17 1910

7. AGE: YEARS 24 — MONTHS 0 — DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Mo

FATHER

13. NAME Harry Merchant

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

MOTHER

15. MAIDEN NAME Anna Hogan

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

17. INFORMANT (ADDRESS) Record Clerk K C Gen Hosp K C Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leeds Mo DATE 11-23 1934

19. UNDERTAKER (ADDRESS) Peter B. Labetinas 538 [illegible]

20. FILED 11-22 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-29 1934 to 11-14 1934

I last saw her alive on 11-14 1934 Death is said to have occurred on the date stated above, at 3:10 p.m.

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

	Date of onset
Bronchopneumonia; Myocardial decompensation	
93D	
107	

Other contributory causes of importance:

93

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? ..... 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. H. Jennett M.D., M. D.

(Address) Supt Gen Hosp