

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

Do not use this space.

JAN 10 1935

44104

1. PLACE OF DEATH
 88 County Randolph Registration District No. 735
 Township Sugar Creek Primary Registration District No. 5970
 City Warrensburg (No. _____ St. _____ Ward _____)

2. FULL NAME Eva S 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

MEDICAL CERTIFICATE OF DEATH

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 J. S. Hughes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18 - 1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>5</u>	<u>58</u>	<u>1</u>	<u>3</u>	

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

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) Ill

13. NAME John R Brown

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

15. MAIDEN NAME Marion Pemberton

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

17. INFORMANT J. S. Hughes
(ADDRESS) Warrensburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrensburg Mo DATE Dec 23 - 1934

19. UNDERTAKER (ADDRESS) Marion and Son
Warrensburg Mo

20. FILED 12/22 1934 Virginia E. _____ Registrar.

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

22. I HEREBY CERTIFY, That I attended deceased from May 18 1934 to Dec 20th 1934
 I last saw her alive on Dec 21st 1934 19____ Death is said to have occurred on the date stated above, at 6:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Cancer of Cervix
 Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ None _____ Date of _____
 What test confirmed diagnosis? Clinical 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) J. H. S. _____, M. D.
 (Address) Warrensburg, 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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