

Do not use this space.

2360

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

FEB 7 1935

1. PLACE OF DEATH
County Pettis Registration District No. 664
Township Washington Primary Registration District No. 5884
City..... (No.....,St.....Ward)
2. FULL NAME Mary E. 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)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) X
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G. T. Hughes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8-1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
81 5 26

OCCUPATION
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) Benton County
(STATE OR COUNTRY) Missouri

FATHER
13. NAME A. Sapp

14. BIRTHPLACE (CITY OR TOWN) Benton County
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Sue Swift

16. BIRTHPLACE (CITY OR TOWN) Benton County
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs Miles Mullins
(ADDRESS) Green Ridge, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE Jan. 6-35

19. UNDERTAKER Huston-Turner Mortuary
(ADDRESS) Windsor, Missouri

20. FILED Feb 14 1935 C. B. Skelley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 4-35
22. I HEREBY CERTIFY, that I attended deceased from Nov 22 1934 to Jan 4 1935
I last saw her alive on Jan 4 1935 Death is said to have occurred on the date stated above, at 4:35 PM
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:
Robert Pneumonia
188
Date of onset Dec 30

Name of operation..... Date of.....
What test confirmed diagnosis? Cholera 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) T. J. Jenkins M. D.
(Address) Windsor, 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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