

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.

15483-6

SEP 18 1935

1. PLACE OF DEATH

County Atchison Registration District No. 20
Township _____ Primary Registration District No. 4014
City Tarkenton Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Angella Hughes
(a) Residence, No. Tarleton 2000 St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. 21 How long in U. S., if of foreign birth? yrs. mos. ds. _____
(If nonresident, give city or town and State) Oregon Mo.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Mar</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Wm F. Hughes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 24 - 1889</u>		
7. AGE	YEARS <u>45</u>	MONTHS <u>10</u>
	DAYS <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Wash House</u>	
	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) <u>Missouri</u>		
FATHER	13. NAME <u>Samuel Simpson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Catherine Harley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____	
17. INFORMANT (ADDRESS) <u>Mr. J. L. Graham</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Joseph Mo</u> DATE <u>May 31 1935</u>		
19. UNDERTAKER (ADDRESS) <u>W. Davis Tarkenton, Mo</u>		
20. FILED <u>May 30 1935</u> <u>C. C. W. W.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1935

22. I HEREBY CERTIFY, That I attended deceased from May 29 1935 to May 30 1935
I last saw 15 alive on May 29 1935 Death is said to have occurred on the date stated above, at 3:35 p.m.
The principal cause of death and related causes of importance were as follows:
retinal degeneration 1930

Date of onset _____

Other contributors (causes) of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) C. C. W. W., M. D.
(Address) Tarkenton Mo

