

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

Do not use this space.

JUL 22 1935

19437

1. PLACE OF DEATH

County Greene
Township
City Springfield

Registration District No. 318
Primary Registration District No. 7001
(No. Baptist Hospital St. _____ Ward)

File No. _____
Registered No. 179

2. FULL NAME Susan H. Hughes, DID NOT RESIDE IN SPRINGFIELD.
(a) Residence No. _____ St. _____ Ward. Everton, Mo.
(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

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10/18/1914.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
20 7 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Houston Mill
Wade Co.

10. NAME OF FATHER Henry P. Hughes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Wadeville, Mo.
Wade

12. MAIDEN NAME OF MOTHER Fizzie Webb

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Liverpool
England

14. INFORMANT Jenny L. Hughes
(Address) 855 N. Main Springfield, Mo.

15. FILED 6-6 1935 W. H. Baugton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/5/35 19

17. I HEREBY CERTIFY, That I attended deceased from 6/4
1935, to 6/5, 1935
that I last saw her alive on 6/5, 1935, and that death occurred, on the date stated above, at 2:10 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid
(Imported Case)

(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Haemorrhage in bowel
(Typhoid) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Everton, Mo.

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS Widal
(Signed) J. B. Kemman M. D.
6/5, 1935 (Address) SPRINGFIELD, MO.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenfield, Mo. **DATE OF BURIAL** 6/6/35 19

20. UNDERTAKER A. Galbraith, --- **ADDRESS** Wadeville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.

