

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

Do not use this space.

OCT 17 1935

28836

1. PLACE OF DEATH

12 County Butler
 2 Township Poplar Bluff
 2 City Poplar Bluff (No., St. Ward)

Registration District No. 89
 Primary Registration District No. 3007

File No.
 Registered No. 193

2. FULL NAME Florence Hughey

(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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23 19355A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. Marvin Hughey22. I HEREBY CERTIFY, That I attended deceased from Sept. 19th 1935 to Sept. 23rd 1935I last saw h. e. r. alive on Sept. 23rd 1935 Death is said to have occurred on the date stated above, at 7:30 A.M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18, 1900Carcinoma of Uterus

Date of onset

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

34 11 5

About
five
months
before
death

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

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.....

Other contributory causes of importance.....

12. BIRTHPLACE (CITY OR TOWN) York County (STATE OR COUNTRY) South Carolina13. NAME T. J. McClain14. BIRTHPLACE (CITY OR TOWN) York County (STATE OR COUNTRY) South Carolina15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) York County (STATE OR COUNTRY) South Carolina17. INFORMANT A. Mervin Hughey (ADDRESS) Poplar Bluff, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Wood Lawn Cem. DATE Sept. 25 193519. UNDERTAKER Frank Undertaking Co. (ADDRESS) Poplar Bluff, Mo.20. FILED 9-25 1935 O. C. Citzinger Registrar.Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? NO23. 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) [Signature] Poplar Bluff, Missouri, M. D.
(Address).....

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.

