APR 23 1936

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

Do not use this space.

110435

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1720
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 3710, Jefferson St. Ward)

2. FULL NAME Hughes Mrs Mary
(a) Residence, No. 3710 Jefferson St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Hughes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14 1871
7. AGE YEARS 64 MONTHS 4 DAYS 15 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
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) Preston Penn

FATHER
13. NAME Henry Walters
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER
15. MAIDEN NAME Mary O'Donnell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs Mary Donnelly 3710 Jefferson
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE March 31, 1936
19. UNDERTAKER (ADDRESS) Quinn & Tobin Co. 204 Linwood
20. FILED Mch 30, 1936 M M. Grover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/29/36, 19
22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19..
I last saw ..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:
Coronary sclerosis
Chronic Rebrous myocarditis
Date of onset
Other contributory causes of importance: 93
Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes
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) [signature], M. D.
(Address) [signature]

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.