

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

APR 27 1936

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

Do not use this space.

13825

1. PLACE OF DEATH

County Vernon
Township Washington
City Marion (No. _____, St. _____ Ward)

Registration District No. 875
Primary Registration District No. 6162

File No. _____
Registered No. 79

2. FULL NAME

May Hugh, Martha Jane

(a) Residence, No. State Hospital no 3, Nevada, Mo.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 26 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) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1937 to March 16, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25, 1856

I last saw her alive on March 15, 1936 Death is said to have occurred on the date stated above, at 4:30 a.m.

7. AGE YEARS 79 MONTHS 5 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

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

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 _____

acute myocardial failure Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo

Other contributory causes of importance:
Chronic myocardial insufficiency

13. NAME John Miller

Name of operation None Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo

What test confirmed diagnosis? clinical Were an autopsy? No

15. MAIDEN NAME None

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, home, or in public place.

17. INFORMANT (ADDRESS) Vernie Patricia Schuler, Mo

Manner of injury None
Nature of injury None

18. BURIAL, CREMATION, OR REMOVAL Canton, Mo DATE 3-18-1936

24. Was disease or injury in any way related to occupation of deceased? No

19. UNDERTAKER (ADDRESS) Funeral Home, Nevada, Mo

If so, specify _____

20. FILED 3-19-1936 Boehlinger Registrar.

(Signed) Coz W. Penne, Jr., M. D.
(Address) State Hospital no 3, Nevada, Mo

