

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.

MAY 25 1936

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

Do not use this space.

16439

1. PLACE OF DEATH

County Polk
Township Union
City Union (No.)

Registration District No. 700
Primary Registration District No. 6249

File No.
Registered No. 8 St. Ward

2. FULL NAME

Emily Rebecca Hughes

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>M. W. Hughes</u> <u>widowed</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-28-51</u>				
7. AGE	YEARS <u>84</u>	MONTHS <u>9</u>	DAYS <u>13</u>	IF LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb-27, 1936, to April 11, 1936
I last saw her alive on March 29, 1936. Death is said to have occurred on the date stated above, at 9 a. m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
	10. Date deceased last worked at this occupation (month and year) <u> </u>

11. Total time (years) spent in this occupation

Date of onset 2/27/1936

Acute myocarditis
93a

Other contributory causes of importance:
none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union

13. NAME Morringsmith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Geo

Name of operation Date of
What test confirmed diagnosis? none Was there an autopsy? no

15. MAIDEN NAME Amanda Jarroger

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

17. INFORMANT Paul Kinder
(ADDRESS) Polk

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE April 12, 1936

19. UNDERTAKER W. S. Myers
(ADDRESS) Polk

20. FILED April 20, 1936 Dyna Miller
Registrar.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. S. Myers, M. D.
(Address) Albrieth Mo.

