NOV 16 1936

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

Do not use this space.

37853

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township ~~Kaw~~ — Primary Registration District No. 1002
City Kansas City (No. 6345 E 11th St St. Ward)

File No.
Registered No. 1 4720

2. FULL NAME Mrs. Barbara Ann Hughes
(a) Residence, No. 6345 E 11th St, 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

3. SEX Fe
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Hughes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1850
7. AGE YEARS 86 MONTHS 2 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paxton Indiana

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) —

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) —

17. INFORMANT (ADDRESS) Mrs Dora Mattox 1403 Benton
18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Oct 27, 1936 K C Kansas
19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W Linwood
20. FILED Oct 26, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25, 1936
22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1936, to Oct 25, 1936
I last saw her alive on Oct 25, 1936. Death is said to have occurred on the date stated above, at 3:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic incompetency	
Other contributory causes of importance: Apoplexy	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) F. W. Martin M. D.
(Address) 6800 Hunter Rd - KC Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

X7044

Dr Edward Martin
6800 Wimmer Rd